

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW
Ste 1100
 Check if different than previously reported. (ACC)
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 01 31 2006

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 Cocanour, Britt

Signature of Treasurer Electronically Filed by Cocanour, Britt Date 02 17 2006

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

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
EMILY's List

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|---|--|-----------------------------------|--|------------|---|---|---|---|--|--|--|------------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | <table border="1" style="width: 100%;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%;"><tr><td align="center">1068342.25</td></tr></table> | 1068342.25 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | | | |
| | | | | | | | | | | | | |
| 1068342.25 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%;"><tr><td align="center">1068342.25</td></tr></table> | 1068342.25 | | | | | | | | | | |
| 1068342.25 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td align="center">1778033.65</td></tr></table> | 1778033.65 | <table border="1" style="width: 100%;"><tr><td align="center">1778033.65</td></tr></table> | 1778033.65 | | | | | | | | |
| 1778033.65 | | | | | | | | | | | | |
| 1778033.65 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%;"><tr><td align="center">2846375.90</td></tr></table> | 2846375.90 | <table border="1" style="width: 100%;"><tr><td align="center">2846375.90</td></tr></table> | 2846375.90 | | | | | | | | |
| 2846375.90 | | | | | | | | | | | | |
| 2846375.90 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%;"><tr><td align="center">1096039.02</td></tr></table> | 1096039.02 | <table border="1" style="width: 100%;"><tr><td align="center">1096039.02</td></tr></table> | 1096039.02 | | | | | | | | |
| 1096039.02 | | | | | | | | | | | | |
| 1096039.02 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td align="center">1750336.88</td></tr></table> | 1750336.88 | <table border="1" style="width: 100%;"><tr><td align="center">1750336.88</td></tr></table> | 1750336.88 | | | | | | | | |
| 1750336.88 | | | | | | | | | | | | |
| 1750336.88 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 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**

Write or Type Committee Name
EMILY's List

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 828246.00 | 828246.00 |
| (i) Itemized (use Schedule A) | 759383.92 | 759383.92 |
| (ii) Unitemized | 1587629.92 | 1587629.92 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 1587629.92 | 1587629.92 |
| 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) | 105905.45 | 105905.45 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 3365.71 | 3365.71 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 81132.57 | 81132.57 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 81132.57 | 81132.57 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1778033.65 | 1778033.65 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1696901.08 | 1696901.08 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 340573.98 | 340573.98 |
| (ii) Non-Federal Share..... | 340575.49 | 340575.49 |
| (b) Other Federal Operating Expenditures..... | 386461.12 | 386461.12 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 1067610.59 | 1067610.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 6771.00 | 6771.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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 | 1094.69 | 1094.69 |
| (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)) | 1094.69 | 1094.69 |
| 29. Other Disbursements..... | 20562.74 | 20562.74 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 1096039.02 | 1096039.02 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 755463.53 | 755463.53 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 1587629.92 | 1587629.92 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1094.69 | 1094.69 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1586535.23 | 1586535.23 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 727035.10 | 727035.10 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 105905.45 | 105905.45 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 621129.65 | 621129.65 |

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
EMILY's List

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

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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.

ACTIVITY OR EVENT IDENTIFIER

Fundraising/PSP 2006

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

50.00 %

NONFEDERAL %

50.00 %Transaction ID:
H2-EL-880

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 EMILY's List

| | | |
|---------------------------------------|---|--------------------------------------|
| NAME OF ACCOUNT Merrill Lynch-NF#4 | DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | TOTAL AMOUNT TRANSFERRED 26392.75 |
|---------------------------------------|---|--------------------------------------|

| BREAKDOWN OF TRANSFER RECEIVED | | |
|---|--|---------------------------------------|
| i) Total Administrative | | 26392.75 Transaction ID: H3-EL-881 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 EMILY's List

| | | |
|---------------------------------------|---|--------------------------------------|
| NAME OF ACCOUNT Merrill Lynch-NF#4 | DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | TOTAL AMOUNT TRANSFERRED 11914.44 |
|---------------------------------------|---|--------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|----------|---------------------------|
| i) Total Administrative | 10997.18 | Transaction ID: H3-EL-883 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) PSP06 | 917.26 | Transaction ID: H3-EL-884 |
| b) | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | 917.26 | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) | | Transaction ID: |
| b) | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 EMILY's List

| | | |
|---------------------------------------|---|--------------------------------------|
| NAME OF ACCOUNT Merrill Lynch-NF#4 | DATE OF RECEIPT M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | TOTAL AMOUNT TRANSFERRED 42825.38 |
|---------------------------------------|---|--------------------------------------|

| BREAKDOWN OF TRANSFER RECEIVED | | |
|---|---------|---------------------------------------|
| i) Total Administrative | | 39613.13 Transaction ID: H3-EL-885 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) PSP06 | 3212.25 | Transaction ID: H3-EL-886 |
| b) | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | 3212.25 |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) | | Transaction ID: |
| b) | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | | |
|--|----------|--|
| TOTAL This Period (Administrative) | 77003.06 | |
| TOTAL This Period (Generic Voter Drive) | 0.00 | |
| TOTAL This Period (Exempt Activities) | 0.00 | |
| TOTAL This Period (Direct Fundraising) | 4129.51 | |
| TOTAL This Period (Direct Candidate Support) | 0.00 | |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 | |
| TOTAL This Period (Total Amount Transferred) | 81132.57 | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) The Guardian | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P. O. Box 95101 | | | Allocated Activity or Event Year-To-Date 33794.50 | | |
| City Chicago | State IL | Zip Code 60694-5101 | Date <input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Insurance Health/Life | | | Transaction ID: H4-82255 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 16897.25 | | 16897.25 | | 33794.50 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) The Guardian | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P. O. Box 95101 | | | Allocated Activity or Event Year-To-Date 41605.20 | | |
| City Chicago | State IL | Zip Code 60694-5101 | Date <input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Insurance Health/Life | | | Transaction ID: H4-82256 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3905.35 | | 3905.35 | | 7810.70 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ikon Office Solutions | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 827468 | | | Allocated Activity or Event Year-To-Date 41711.23 | | |
| City Philadelphia | State PA | Zip Code 19182-7468 | Date <input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Equipment Maintenance | | | Transaction ID: H4-82257 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 53.01 | | 53.02 | | 106.03 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 20855.61 | | 20855.62 | | 41711.23 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address
P.O. Box 827468

| | | | |
|--|-------------|------------------------|-------------------|
| City Philadelphia | State PA | Zip Code 19182-7468 | Category/ Type |
| Purpose of Disbursement: Equipment Rental | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
44244.79

Date / /
Transaction ID: H4-82258

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1266.78 | | 1266.78 | | 2533.56 |

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address
PO Box 1

| | | | |
|---------------------------------------|-------------|-------------------|-------------------|
| City Worcester | State MA | Zip Code 01654 | Category/ Type |
| Purpose of Disbursement: Telephone | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
44332.26

Date / /
Transaction ID: H4-82286

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.73 | | 43.74 | | 87.47 |

C. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address
PO Box 790406

| | | | |
|---------------------------------------|-------------|------------------------|-------------------|
| City St. Louis | State MO | Zip Code 63179-0406 | Category/ Type |
| Purpose of Disbursement: Telephone | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
44448.67

Date / /
Transaction ID: H4-82287

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 58.20 | | 58.21 | | 116.41 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1368.71 | | 1368.73 | | 2737.44 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Working Assets

Mailing Address
P.O. Box 2041

City State Zip Code
Mechanicsburg PA 17055

Purpose of Disbursement:
Telephone

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

44472.64

Date 01 / 05 / 2006

Transaction ID: H4-82291

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 11.98 | | 11.99 | | 23.97 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 1270

City State Zip Code
Newark NJ 07101-1270

Purpose of Disbursement:
Internet Services

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

44487.59

Date 01 / 05 / 2006

Transaction ID: H4-83257

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.47 | | 7.48 | | 14.95 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 1270

City State Zip Code
Newark NJ 07101-1270

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

44769.30

Date 01 / 05 / 2006

Transaction ID: H4-83258

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 140.85 | | 140.86 | | 281.71 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 160.30 | | 160.33 | | 320.63 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 1270

City State Zip Code
Newark NJ 07101-1270

Purpose of Disbursement:
Postage

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

44806.30

Date 01 / 05 / 2006

Transaction ID: H4-83259

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.50 | | 18.50 | | 37.00 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 1270

City State Zip Code
Newark NJ 07101-1270

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

45574.08

Date 01 / 05 / 2006

Transaction ID: H4-83260

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 383.89 | | 383.89 | | 767.78 |

C. Full Name (Last, First, Middle Initial)
Gilbert & Wolfand

Mailing Address
Suite 320 2201 Wisconsin Ave., NW

City State Zip Code
Washington, DC 20007

Purpose of Disbursement:
Accounting

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

52780.43

Date 01 / 05 / 2006

Transaction ID: H4-83261

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3603.17 | | 3603.18 | | 7206.35 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4005.56 | | 4005.57 | | 8011.13 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) DirecTV | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 60036 | | | Allocated Activity or Event Year-To-Date 52785.42 | | |
| City Los Angeles | State CA | Zip Code 90060-0036 | Date MM / DD / YYYY 01 / 05 / 2006 | | |
| Purpose of Disbursement: Building Utilities & Fees | | | Transaction ID: H4-83262 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.49 | | 2.50 | | 4.99 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Rebecca Emory | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2130 P. St. NW #715 | | | Allocated Activity or Event Year-To-Date 52877.77 | | |
| City Washington | State DC | Zip Code 20037 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83451 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.17 | | 46.18 | | 92.35 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Yvonne Williams | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 5412 Bradford Ct. #231 | | | Allocated Activity or Event Year-To-Date 54185.38 | | |
| City Alexandria | State VA | Zip Code 22311 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83452 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 653.80 | | 653.81 | | 1307.61 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 702.46 | | 702.49 | | 1404.95 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Quiyana Washington | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 5613 Elberton Court | | | Allocated Activity or Event Year-To-Date 56003.49 | | |
| City Hyattsville | State MD | Zip Code 20781 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83453 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 909.05 | | 909.06 | | 1818.11 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) SaBrina Brown | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 1265 | | | Allocated Activity or Event Year-To-Date 58772.79 | | |
| City North Beach | State MD | Zip Code 20714 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83454 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1384.65 | | 1384.65 | | 2769.30 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Lesbia Cajchun | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2902 Kings Chapel Rd | | | Allocated Activity or Event Year-To-Date 60323.26 | | |
| City Falls Church | State VA | Zip Code 22042 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83455 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 775.23 | | 775.24 | | 1550.47 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3068.93 | | 3068.95 | | 6137.88 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Amanda Bogden

Mailing Address
2414 Observatory Pl, NW

City State Zip Code
Washington DC 20007

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

61424.03

Date 01 / 11 / 2006

Transaction ID: H4-83456

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 550.38 | | 550.39 | | 1100.77 |

B. Full Name (Last, First, Middle Initial)
Caroline Fines

Mailing Address
10621 Regent Park Court

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

63332.59

Date 01 / 11 / 2006

Transaction ID: H4-83457

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 954.28 | | 954.28 | | 1908.56 |

C. Full Name (Last, First, Middle Initial)
Courtney Fry

Mailing Address
3140 Wisconsin Ave. NW Apt. 105

City State Zip Code
Washington DC 20016

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64192.93

Date 01 / 11 / 2006

Transaction ID: H4-83459

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 430.17 | | 430.17 | | 860.34 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1934.83 | | 1934.84 | | 3869.67 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ray Keating

Mailing Address
114 Adams Ct.

City State Zip Code
Walkersville MD 21793

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

66314.12

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83460

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1060.59 | | 1060.60 | | 2121.19 |

B. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address
3060 Williams Drive #300

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

121664.58

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83461

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 27675.23 | | 27675.23 | | 55350.46 |

C. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address
3060 Williams Drive #300

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement:
Taxes - Payroll

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

143015.55

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83462

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10675.48 | | 10675.49 | | 21350.97 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 39411.30 | | 39411.32 | | 78822.62 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ellen L Moran

Mailing Address
8220 Custer Rd

City State Zip Code
Bethesda MD 20817

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

147515.03

Date 01 / 11 / 2006

Transaction ID: H4-83465

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2249.74 | | 2249.74 | | 4499.48 |

B. Full Name (Last, First, Middle Initial)
Lisa Robillard

Mailing Address
4326 South 36th Street

City State Zip Code
Arlington VA 22206

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

149158.38

Date 01 / 11 / 2006

Transaction ID: H4-83466

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 821.67 | | 821.68 | | 1643.35 |

C. Full Name (Last, First, Middle Initial)
Amy Drummond

Mailing Address
104 Roberts Lane #401

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

150521.09

Date 01 / 11 / 2006

Transaction ID: H4-83467

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 681.35 | | 681.36 | | 1362.71 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3752.76 | | 3752.78 | | 7505.54 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Sara R Fewer | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 767 22nd Ave | | | Allocated Activity or Event Year-To-Date 151378.96 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| San Francisco | CA | 94121 | Transaction ID: H4-83468 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 428.93 | | 428.94 | | 857.87 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Andrea E Gottfried | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 666 Greenwich St | | | Allocated Activity or Event Year-To-Date 153030.05 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| New York | NY | 10014 | Transaction ID: H4-83469 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 825.54 | | 825.55 | | 1651.09 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Cheryl Gregory | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4551 Sawgrass Ct. | | | Allocated Activity or Event Year-To-Date 156779.46 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Alexandria | VA | 22312 | Transaction ID: H4-83470 | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1874.70 | | 1874.71 | | 3749.41 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3129.17 | | 3129.20 | | 6258.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Judi Kanter | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 267 Paseo Bernal Ave. | | | Allocated Activity or Event Year-To-Date 159701.60 | | |
| City Moraga | State CA | Zip Code 94556 | Date <small>M M / D D / Y Y Y Y</small> 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83471 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1461.07 | | 1461.07 | | 2922.14 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Alyssa Krop | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4525 N 20th Place | | | Allocated Activity or Event Year-To-Date 160516.60 | | |
| City Arlington | State VA | Zip Code 22207 | Date <small>M M / D D / Y Y Y Y</small> 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83473 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 407.50 | | 407.50 | | 815.00 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Rochelle Sachs Levin | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 22800 SW 157th Avenue | | | Allocated Activity or Event Year-To-Date 164222.29 | | |
| City Miami | State FL | Zip Code 33170 | Date <small>M M / D D / Y Y Y Y</small> 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83475 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1852.84 | | 1852.85 | | 3705.69 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3721.41 | | 3721.42 | | 7442.83 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Judy Loeb Goldfein

Mailing Address
50 East 89th Street 6E

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10128 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
167209.46

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83476

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1493.58 | | 1493.59 | | 2987.17 |

B. Full Name (Last, First, Middle Initial)
Colleen Medlock

Mailing Address
14637 Locustwood Lane

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Silver Spring | MD | 20905 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
167947.58

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83477

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 369.06 | | 369.06 | | 738.12 |

C. Full Name (Last, First, Middle Initial)
Sherry Merfish

Mailing Address
2720 Pittsburg

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77005 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
171094.51

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83478

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1573.46 | | 1573.47 | | 3146.93 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3436.10 | | 3436.12 | | 6872.22 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Anne Moses | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 251 28th Street | | | Allocated Activity or Event Year-To-Date 173991.80 | | |
| City San Francisco | State CA | Zip Code 94131 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83479 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1448.64 | | 1448.65 | | 2897.29 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Elizabeth Mullane | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 345 E. 94th St Apt 3H | | | Allocated Activity or Event Year-To-Date 174759.79 | | |
| City New York | State NY | Zip Code 10128 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83480 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 383.99 | | 384.00 | | 767.99 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Jamie Natelson | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1128 6th Avenue, #1 | | | Allocated Activity or Event Year-To-Date 176895.20 | | |
| City Venice | State CA | Zip Code 90291 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83481 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1067.70 | | 1067.71 | | 2135.41 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2900.33 | | 2900.36 | | 5800.69 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Amy Padre | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3429 Yuma Street NW Apt 104 | | | Allocated Activity or Event Year-To-Date 177976.77 | | |
| City Washington | State DC | Zip Code 20008 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83482 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 540.78 | | 540.79 | | 1081.57 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Barbara Perell | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1320 N Veitch Street #1716 | | | Allocated Activity or Event Year-To-Date 179414.32 | | |
| City Arlington | State VA | Zip Code 22201 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83483 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 718.77 | | 718.78 | | 1437.55 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Tiffany Reed | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2450 Ontario Rd, NW | | | Allocated Activity or Event Year-To-Date 180420.49 | | |
| City Washington | State DC | Zip Code 20009 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83484 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 503.08 | | 503.09 | | 1006.17 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1762.63 | | 1762.66 | | 3525.29 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ryan Rodriguez

Mailing Address
612 C Street SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
181886.34

Date / /
Transaction ID: H4-83485

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 732.92 | | 732.93 | | 1465.85 |

B. Full Name (Last, First, Middle Initial)
Nicole Roppa

Mailing Address
174 West 89th Street Apt. 2A

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10024 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
181923.28

Date / /
Transaction ID: H4-83486

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.47 | | 18.47 | | 36.94 |

C. Full Name (Last, First, Middle Initial)
Rebecca Hughes Runyan

Mailing Address
18722 San Diego Blvd.

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| Lathrup Village | MI | 48076 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
182792.23

Date / /
Transaction ID: H4-83487

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 434.47 | | 434.48 | | 868.95 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1185.86 | | 1185.88 | | 2371.74 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Bret Shaw | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1411 N Rolfe Street #6 | | | Allocated Activity or Event Year-To-Date 183584.44 | | |
| City Arlington | State VA | Zip Code 22209 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83488 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 396.10 | | 396.11 | | 792.21 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Patricia Williams | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3 Wyndham Drive | | | Allocated Activity or Event Year-To-Date 187090.16 | | |
| City Portola Valley | State CA | Zip Code 94028 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83489 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1752.86 | | 1752.86 | | 3505.72 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Joanne Wilson | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3806 Viser Court | | | Allocated Activity or Event Year-To-Date 188084.58 | | |
| City Bowie | State MD | Zip Code 20715 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83490 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 497.21 | | 497.21 | | 994.42 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2646.17 | | 2646.18 | | 5292.35 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Jennifer Zukowski

Mailing Address
PO Box 80

City State Zip Code
Falmouth MA 02541

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

189183.75

Date 01 / 11 / 2006

Transaction ID: H4-83491

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 549.58 | | 549.59 | | 1099.17 |

B. Full Name (Last, First, Middle Initial)
Carrie Giddins

Mailing Address
4601 Connecticut Ave NW #909

City State Zip Code
Washington DC 20008

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

190814.31

Date 01 / 11 / 2006

Transaction ID: H4-83493

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 815.28 | | 815.28 | | 1630.56 |

C. Full Name (Last, First, Middle Initial)
Ramona Oliver

Mailing Address
2311 North Front Street Apt 909

City State Zip Code
Harrisburg PA 17110

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

193572.21

Date 01 / 11 / 2006

Transaction ID: H4-83495

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1378.95 | | 1378.95 | | 2757.90 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2743.81 | | 2743.82 | | 5487.63 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Tanya Bjork | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 203 South Paterson Street Suite 400 | | | Allocated Activity or Event Year-To-Date 195778.13 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Madison | WI | 53703 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83496 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1102.96 | | 1102.96 | | 2205.92 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Kate Chapek | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1320 N Veitch Street #1037 | | | Allocated Activity or Event Year-To-Date 197209.25 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Arlington | VA | 22201 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83497 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 715.56 | | 715.56 | | 1431.12 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Kathleen Coyne-McCoy | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 267 Gleaner Chapel Road | | | Allocated Activity or Event Year-To-Date 199778.27 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| North Scituate | RI | 02857 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83498 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1284.51 | | 1284.51 | | 2569.02 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3103.03 | | 3103.03 | | 6206.06 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Kellie Dupree

Mailing Address
333 12th Street, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

200639.61

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83499

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 430.67 | | 430.67 | | 861.34 |

B. Full Name (Last, First, Middle Initial)
Christina Heckart

Mailing Address
532 20th Street, NW Apt. 215

City State Zip Code
Washington DC 20006

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

201546.39

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83500

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 453.39 | | 453.39 | | 906.78 |

C. Full Name (Last, First, Middle Initial)
Maren Hesla

Mailing Address
5515 Little Falls Rd.

City State Zip Code
Arlington VA 22207

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

204247.94

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83501

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1350.77 | | 1350.78 | | 2701.55 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2234.83 | | 2234.84 | | 4469.67 |

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mary L Hodge

Mailing Address
908 Harrison Circle

City State Zip Code
Alexandria VA 22304

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205195.97

Date 01 / 11 / 2006

Transaction ID: H4-83502

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 474.01 | | 474.02 | | 948.03 |

B. Full Name (Last, First, Middle Initial)
Dana Jones

Mailing Address
11726 Putting Green Court

City State Zip Code
Reston VA 20191

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

206996.36

Date 01 / 11 / 2006

Transaction ID: H4-83503

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 900.19 | | 900.20 | | 1800.39 |

C. Full Name (Last, First, Middle Initial)
Bob Kearney

Mailing Address
1260 21st NW Apt 811

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

209252.32

Date 01 / 11 / 2006

Transaction ID: H4-83504

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1127.98 | | 1127.98 | | 2255.96 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2502.18 | | 2502.20 | | 5004.38 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Christine Lombardi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1397 Gartner Rd. | | | Allocated Activity or Event Year-To-Date 209402.38 | | |
| City Naperville | State IL | Zip Code 60540 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83505 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 75.03 | | 75.03 | | 150.06 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Susan Markham | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1423 A Street, SE | | | Allocated Activity or Event Year-To-Date 211372.35 | | |
| City Washington | State DC | Zip Code 20003 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83506 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 984.98 | | 984.99 | | 1969.97 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Gladstone Payton | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1723 Q Street NW #102 | | | Allocated Activity or Event Year-To-Date 212540.11 | | |
| City Washington | State DC | Zip Code 20009 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83507 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 583.88 | | 583.88 | | 1167.76 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1643.89 | | 1643.90 | | 3287.79 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Anna Podmaniczky

Mailing Address
1715 N Rodney Street

City State Zip Code
Wilmington DE 19806

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

213001.86

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83508

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 230.87 | | 230.88 | | 461.75 |

B. Full Name (Last, First, Middle Initial)
Katherine Pregliasco

Mailing Address
1900 South Eads Street No. 215

City State Zip Code
Arlington VA 22202

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

213850.89

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83509

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 424.51 | | 424.52 | | 849.03 |

C. Full Name (Last, First, Middle Initial)
Rebecka Rosenquist

Mailing Address
4071A 24th Street

City State Zip Code
San Francisco CA 94114

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

214919.51

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83510

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 534.31 | | 534.31 | | 1068.62 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1189.69 | | 1189.71 | | 2379.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Lisa Sohn

Mailing Address

3400 Sacramento St. #6

City State Zip Code
San Francisco CA 94118

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

216648.00

Date 01 / 11 / 2006

Transaction ID: H4-83511

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 864.24 | | 864.25 | | 1728.49 |

B. Full Name (Last, First, Middle Initial)
Cristina Uribe

Mailing Address

4212 26th Street, Unit A

City State Zip Code
San Francisco CA 94131

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

218936.07

Date 01 / 11 / 2006

Transaction ID: H4-83512

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1144.03 | | 1144.04 | | 2288.07 |

C. Full Name (Last, First, Middle Initial)
Margaret Van Cleave

Mailing Address

438 New Jersey Ave SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

219907.88

Date 01 / 11 / 2006

Transaction ID: H4-83513

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 485.90 | | 485.91 | | 971.81 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2494.17 | | 2494.20 | | 4988.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Karen White | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1334 Walnut Avenue | | | Allocated Activity or Event Year-To-Date 224201.95 | | |
| City Annapolis | State MD | Zip Code 21403 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83514 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2147.03 | | 2147.04 | | 4294.07 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Anne Caprara | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2445 27th Court | | | Allocated Activity or Event Year-To-Date 225495.84 | | |
| City Arlington | State VA | Zip Code 22206 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83515 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 646.94 | | 646.95 | | 1293.89 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Peggy Egan | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 9705 Meeks Bay Ave | | | Allocated Activity or Event Year-To-Date 227755.73 | | |
| City Las Vegas | State NV | Zip Code 89148 | Date MM / DD / YYYY 01 / 11 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83516 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1129.94 | | 1129.95 | | 2259.89 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3923.91 | | 3923.94 | | 7847.85 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Emily Elbert

Mailing Address
21811 Oceanview Lane

City State Zip Code
Huntington Beach CA 92646

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

229949.22

Date 01 / 11 / 2006

Transaction ID: H4-83517

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1096.74 | | 1096.75 | | 2193.49 |

B. Full Name (Last, First, Middle Initial)
Chris Esposito

Mailing Address
624 East Broadway

City State Zip Code
Boston MA 02127

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

232739.08

Date 01 / 11 / 2006

Transaction ID: H4-83518

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1394.93 | | 1394.93 | | 2789.86 |

C. Full Name (Last, First, Middle Initial)
Laura Fruge

Mailing Address
420 Oklahoma Avenue, NE #102

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

235047.40

Date 01 / 11 / 2006

Transaction ID: H4-83519

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1154.16 | | 1154.16 | | 2308.32 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3645.83 | | 3645.84 | | 7291.67 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Eureka Gilkey

Mailing Address
930 M Street, NW #804

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

236832.13

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83520

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 892.36 | | 892.37 | | 1784.73 |

B. Full Name (Last, First, Middle Initial)
Jill Greco

Mailing Address
1442 Crocus Ct.

City State Zip Code
Longwood FL 32750

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

236970.65

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83521

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 69.26 | | 69.26 | | 138.52 |

C. Full Name (Last, First, Middle Initial)
Julie Holzhueter

Mailing Address
6825 19th Road N

City State Zip Code
Arlington VA 22205

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

237989.57

Activity or Event Identifier:
AVD06

Date 01 / 11 / 2006

Transaction ID: H4-83522

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 509.46 | | 509.46 | | 1018.92 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1471.08 | | 1471.09 | | 2942.17 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Emily Kryder

Mailing Address
3689 Foothill Road

City State Zip Code
Santa Barbara CA 93105

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

238128.09

Date 01 / 11 / 2006

Transaction ID: H4-83524

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 69.26 | | 69.26 | | 138.52 |

B. Full Name (Last, First, Middle Initial)
Sarah Ladue

Mailing Address
1835 H. Street NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

238354.75

Date 01 / 11 / 2006

Transaction ID: H4-83525

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 113.33 | | 113.33 | | 226.66 |

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

Mailing Address
4857 Battery Lane Apt 506

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

239476.74

Date 01 / 11 / 2006

Transaction ID: H4-83526

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 560.99 | | 561.00 | | 1121.99 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 743.58 | | 743.59 | | 1487.17 |

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Martha McKenna | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 913 South Decker Avenue | | | Allocated Activity or Event Year-To-Date 241998.77 | | |
| City | State | Zip Code | Category/ Type | | |
| Baltimore | MD | 21224 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83527 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1261.01 | | 1261.02 | | 2522.03 |

| | | | | | |
|---|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mary Jane Volk | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 541 E. Nelson Avenue | | | Allocated Activity or Event Year-To-Date 244697.61 | | |
| City | State | Zip Code | Category/ Type | | |
| Alexandria | VA | 22301 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83528 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1349.42 | | 1349.42 | | 2698.84 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Renee Willette | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 486 Mandana Blvd #5 | | | Allocated Activity or Event Year-To-Date 245783.05 | | |
| City | State | Zip Code | Category/ Type | | |
| Oakland | CA | 94610 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83529 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 542.72 | | 542.72 | | 1085.44 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3153.15 | | 3153.16 | | 6306.31 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Edna Romero | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 7111 Halleck Street | | | Allocated Activity or Event Year-To-Date 247134.89 | | |
| City District Heights | State MD | Zip Code 20747 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83530 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|-------------------------------------|---|-------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="675.92"/> | | <input type="text" value="675.92"/> | | <input type="text" value="1351.84"/> |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Susan Finkle | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 11605 34th Place | | | Allocated Activity or Event Year-To-Date 248569.97 | | |
| City Beltsville | State MD | Zip Code 20705 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83532 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|-------------------------------------|---|-------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="717.54"/> | | <input type="text" value="717.54"/> | | <input type="text" value="1435.08"/> |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Britt Cocanour | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3100 Connecticut Avenue, N.W. Apt. 330 | | | Allocated Activity or Event Year-To-Date 251653.63 | | |
| City Washington | State DC | Zip Code 20008 | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83533 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="1541.83"/> | | <input type="text" value="1541.83"/> | | <input type="text" value="3083.66"/> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="2935.29"/> | | <input type="text" value="2935.29"/> | | <input type="text" value="5870.58"/> |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Amie Kershner | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2209 E. Lombard St. #1 | | | Allocated Activity or Event Year-To-Date [253249.88] | | |
| City | State | Zip Code | Category/ Type [] | | |
| Baltimore | MD | 21231 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83534 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [798.12] | | [798.13] | | [1596.25] |

| | | | | | |
|---|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Julia Lamont | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4413 17th Street NW | | | Allocated Activity or Event Year-To-Date [254310.27] | | |
| City | State | Zip Code | Category/ Type [] | | |
| Washington | DC | 20011 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83535 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [530.19] | | [530.20] | | [1060.39] |

| | | | | | |
|--|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Jeanne Duncan | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1416 Shepherd Street, NW | | | Allocated Activity or Event Year-To-Date [256986.75] | | |
| City | State | Zip Code | Category/ Type [] | | |
| Washington | DC | 20011 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/> | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83536 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [1338.24] | | [1338.24] | | [2676.48] |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| [2666.55] | | [2666.57] | | [5333.12] |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Katherine Goktepe

Mailing Address
1439 Mclean Mews Court

City State Zip Code
McLean VA 22101

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

257831.23

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83537

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 422.24 | | 422.24 | | 844.48 |

B. Full Name (Last, First, Middle Initial)
Benjamin Jones

Mailing Address
10117 Big Rock Rd

City State Zip Code
Silver Spring MD 20901

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

260335.63

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 11 / 2006

Transaction ID: H4-83538

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1252.20 | | 1252.20 | | 2504.40 |

C. Full Name (Last, First, Middle Initial)
WMATA

Mailing Address
600 5th St., NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Local Transportation

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

260875.63

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 12 / 2006

Transaction ID: H4-82295

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 270.00 | | 270.00 | | 540.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1944.44 | | 1944.44 | | 3888.88 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) WMATA | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 600 5th St., NW | | | Allocated Activity or Event Year-To-Date 261335.63 | | |
| City Washington | State DC | Zip Code 20001 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Local Transportation | | | Transaction ID: H4-82296 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 230.00 | | 230.00 | | 460.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ellen R Malcolm | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 5060 Linnean Avenue, NW | | | Allocated Activity or Event Year-To-Date 265148.00 | | |
| City Washington, | State DC | Zip Code 20008 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-82297 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1906.18 | | 1906.19 | | 3812.37 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Accomodations Contact | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 30439 | | | Allocated Activity or Event Year-To-Date 265398.00 | | |
| City Alexandria | State VA | Zip Code 22310 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Catering/Facilities | | | Transaction ID: H4-82298 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 125.00 | | 125.00 | | 250.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2261.18 | | 2261.19 | | 4522.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Accommodations Contact | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 30439 | | | Allocated Activity or Event Year-To-Date 265648.00 | | |
| City Alexandria | State VA | Zip Code 22310 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Catering/Facilities | | | Transaction ID: H4-82299 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 125.00 | | 125.00 | | 250.00 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Accommodations Contact | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 30439 | | | Allocated Activity or Event Year-To-Date 265898.00 | | |
| City Alexandria | State VA | Zip Code 22310 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Catering/Facilities | | | Transaction ID: H4-82300 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 125.00 | | 125.00 | | 250.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 266363.02 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82302 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 232.51 | | 232.51 | | 465.02 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 482.51 | | 482.51 | | 965.02 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <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 37.72 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82304 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.86 | | 18.86 | | 37.72 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <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 218.57 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Postage | | | Transaction ID: H4-82305 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 90.42 | | 90.43 | | 180.85 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 266396.27 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | Transaction ID: H4-82306 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 16.62 | | 16.63 | | 33.25 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 125.90 | | 125.92 | | 251.82 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
PO Box 360001
City Ft Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Travel/ Accommodations
Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
266694.23
Date 01 / 12 / 2006
Transaction ID: H4-82307

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 148.98 | | 148.98 | | 297.96 |

B. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
PO Box 360001
City Ft Lauderdale **State** FL **Zip Code** 36666-0001
Purpose of Disbursement:
Travel/Accommodation /Meals
Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
266845.65
Date 01 / 12 / 2006
Transaction ID: H4-82309

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 75.71 | | 75.71 | | 151.42 |

C. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
PO Box 360001
City Ft Lauderdale **State** FL **Zip Code** 36666-0001
Purpose of Disbursement:
Parking Fees
Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
266884.65
Date 01 / 12 / 2006
Transaction ID: H4-82310

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.50 | | 19.50 | | 39.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 244.19 | | 244.19 | | 488.38 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 36666-0001

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

267025.46

Date / /

Transaction ID: H4-82311

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 70.40 | | 70.41 | | 140.81 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 36666-0001

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

267386.54

Date / /

Transaction ID: H4-82312

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.54 | | 180.54 | | 361.08 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
Suite 0001

City State Zip Code
Chicago IL 60679-0001

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

304.60

Date / /

Transaction ID: H4-82313

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.01 | | 43.02 | | 86.03 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 293.95 | | 293.97 | | 587.92 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Travel/Accommodation /Meals

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
268312.94

Date 01 / 12 / 2006
Transaction ID: H4-82314

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 463.20 | | 463.20 | | 926.40 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 2853

City State Zip Code
New York NY 10116-2853

Purpose of Disbursement:
Travel/Accommodation /Meals

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
339.57

Date 01 / 12 / 2006
Transaction ID: H4-82315

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.48 | | 17.49 | | 34.97 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 2853

City State Zip Code
New York NY 10116-2853

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
411.15

Date 01 / 12 / 2006
Transaction ID: H4-82316

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.79 | | 35.79 | | 71.58 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 516.47 | | 516.48 | | 1032.95 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 2853

City State Zip Code
New York NY 10116-2853

Purpose of Disbursement:
Postage

Category/
Type

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

633.15

Date 01 / 12 / 2006

Transaction ID: H4-82317

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 111.00 | | 111.00 | | 222.00 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Disbursement:
Furniture & Computer Equipment

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

278102.36

Date 01 / 12 / 2006

Transaction ID: H4-82318

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4894.71 | | 4894.71 | | 9789.42 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336

Purpose of Disbursement:
Internet Services

Category/
Type

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

278112.31

Date 01 / 12 / 2006

Transaction ID: H4-82319

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.97 | | 4.98 | | 9.95 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5010.68 | | 5010.69 | | 10021.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

| | | | |
|--|-------------|-------------------|-------------------|
| City Ft Lauderdale | State FL | Zip Code 33336 | Category/ Type |
| Purpose of Disbursement: Travel/ Accommodations | | | |

Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
280926.72

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82320

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1407.20 | | 1407.21 | | 2814.41 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

| | | | |
|---|-------------|------------------------|-------------------|
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Category/ Type |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | |

Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
280995.99

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82329

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 34.63 | | 34.64 | | 69.27 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

| | | | |
|---|-------------|------------------------|-------------------|
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Category/ Type |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | |

Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
281549.53

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82330

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 276.77 | | 276.77 | | 553.54 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1718.60 | | 1718.62 | | 3437.22 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <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 1519.47 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82334 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 443.16 | | 443.16 | | 886.32 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 284833.23 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Catering/Facilities | | | Transaction ID: H4-82335 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1641.85 | | 1641.85 | | 3283.70 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 285150.00 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82336 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 158.38 | | 158.39 | | 316.77 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2243.39 | | 2243.40 | | 4486.79 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
285155.19

Date 01 / 12 / 2006
Transaction ID: H4-82337

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.59 | | 2.60 | | 5.19 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Local Transportation

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
286070.19

Date 01 / 12 / 2006
Transaction ID: H4-82338

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 457.50 | | 457.50 | | 915.00 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Travel/Office

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
286625.85

Date 01 / 12 / 2006
Transaction ID: H4-82339

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 277.83 | | 277.83 | | 555.66 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 737.92 | | 737.93 | | 1475.85 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1763.36

Date 01 / 12 / 2006

Transaction ID: H4-82340

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 121.94 | | 121.95 | | 243.89 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 36001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Postage

Category/
Type

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2190.70

Date 01 / 12 / 2006

Transaction ID: H4-82344

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 213.67 | | 213.67 | | 427.34 |

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
PO Box 36001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2465.44

Date 01 / 12 / 2006

Transaction ID: H4-82345

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 137.37 | | 137.37 | | 274.74 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 472.98 | | 472.99 | | 945.97 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 1270
City Newark **State** NJ **Zip Code** 07101-1270
Purpose of Disbursement:
Internet Services
Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
286745.35
Date 01 / 12 / 2006
Transaction ID: H4-82351

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 59.75 | | 59.75 | | 119.50 |

B. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Travel/Accommodation /Meals
Activity or Event Identifier:
PSP06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
2540.43
Date 01 / 12 / 2006
Transaction ID: H4-82355

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 37.49 | | 37.50 | | 74.99 |

C. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Postage
Activity or Event Identifier:
PSP06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
2585.89
Date 01 / 12 / 2006
Transaction ID: H4-82356

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 22.73 | | 22.73 | | 45.46 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 119.97 | | 119.98 | | 239.95 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Publication & Dues
Activity or Event Identifier:
PSP06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
2599.67
Date 01 / 12 / 2006
Transaction ID: H4-82357

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 6.89 | | 6.89 | | 13.78 |

B. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Telephone
Activity or Event Identifier:
PSP06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
2767.68
Date 01 / 12 / 2006
Transaction ID: H4-82358

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 84.00 | | 84.01 | | 168.01 |

C. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
P.O. Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Travel/Accom Postage/Office
Activity or Event Identifier:
PSP06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
3824.03
Date 01 / 12 / 2006
Transaction ID: H4-82359

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 528.17 | | 528.18 | | 1056.35 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 619.06 | | 619.08 | | 1238.14 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 286875.22 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4-82362 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 64.93 | | 64.94 | | 129.87 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 286901.12 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Internet Services | | | Transaction ID: H4-82367 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.95 | | 12.95 | | 25.90 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 287030.62 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Parking Fees | | | Transaction ID: H4-82368 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 64.75 | | 64.75 | | 129.50 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 142.63 | | 142.64 | | 285.27 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 287288.10 | | |
| City | State | Zip Code | Category/Type | | |
| Ft Lauderdale | FL | 33336-0001 | | | |
| Purpose of Disbursement: Office Supplies Expenses | | | | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82369 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 128.74 | | 128.74 | | 257.48 |

| | | | | | |
|---|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 287685.00 | | |
| City | State | Zip Code | Category/Type | | |
| Ft Lauderdale | FL | 33336-0001 | | | |
| Purpose of Disbursement: Telephone | | | | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82370 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 198.45 | | 198.45 | | 396.90 |

| | | | | | |
|---|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 288600.79 | | |
| City | State | Zip Code | Category/Type | | |
| Ft Lauderdale | FL | 33336-0001 | | | |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82371 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 457.89 | | 457.90 | | 915.79 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 785.08 | | 785.09 | | 1570.17 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 288671.55 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Catering/Facilities | | | Transaction ID: H4-82375 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.38 | | 35.38 | | 70.76 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 288691.41 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82376 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.93 | | 9.93 | | 19.86 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 288693.55 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | Transaction ID: H4-82377 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1.07 | | 1.07 | | 2.14 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.38 | | 46.38 | | 92.76 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <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 3873.89 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/Accommodation /Meals | | | Transaction ID: H4-82378 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 24.93 | | 24.93 | | 49.86 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) American Express | | | Type of Allocated Activity: <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 4909.36 | | |
| City Ft Lauderdale | State FL | Zip Code 33336-0001 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82379 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 517.73 | | 517.74 | | 1035.47 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) ATX Telecommunications | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O.Box 57194 | | | Allocated Activity or Event Year-To-Date 290322.76 | | |
| City Philadelphia | State PA | Zip Code 19111-7194 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4-82383 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 814.60 | | 814.61 | | 1629.21 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1357.26 | | 1357.28 | | 2714.54 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Jack I. Bender & Sons

Mailing Address
1120 Connecticut Ave, NW Suite 1200

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement:
Repairs Maintenance

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
290570.22

Date / /
Transaction ID: H4-82385

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 123.73 | | 123.73 | | 247.46 |

B. Full Name (Last, First, Middle Initial)
DC Government Office of Tax and Revenue

Mailing Address
P.O. Box 96384

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20090 |

Purpose of Disbursement:
Taxes - Sales & Use

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
290723.40

Date / /
Transaction ID: H4-82389

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 76.59 | | 76.59 | | 153.18 |

C. Full Name (Last, First, Middle Initial)
DC Treasurer DCRA Corporations Division

Mailing Address
P.O. Box 92300

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20090 |

Purpose of Disbursement:
Publication & Dues

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
290798.40

Date / /
Transaction ID: H4-82390

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 37.50 | | 37.50 | | 75.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 237.82 | | 237.82 | | 475.64 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dell Computer Corporation Dept. 50-0039088557
Mailing Address
PO Box 689020
City Des Moines **State** IA **Zip Code** 50368-9020
Purpose of Disbursement:
Furniture & Computer Equipment
Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
295386.97
Date 01 / 12 / 2006
Transaction ID: H4-82391

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2294.28 | | 2294.29 | | 4588.57 |

B. Full Name (Last, First, Middle Initial)
Dell Computer Corporation Dept. 50-0039088557
Mailing Address
PO Box 689020
City Des Moines **State** IA **Zip Code** 50368-9020
Purpose of Disbursement:
Interest Expense
Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
295629.49
Date 01 / 12 / 2006
Transaction ID: H4-82392

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 121.26 | | 121.26 | | 242.52 |

C. Full Name (Last, First, Middle Initial)
Federal Express
Mailing Address
P. O. Box 371461
City Pittsburg **State** PA **Zip Code** 15250-7461
Purpose of Disbursement:
Deliveries
Activity or Event Identifier:
PSP06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
4921.05
Date 01 / 12 / 2006
Transaction ID: H4-82393

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 5.84 | | 5.85 | | 11.69 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2421.38 | | 2421.40 | | 4842.78 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
General Systems Corporation

Mailing Address
8306-D Old Courthouse Road

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Programming

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

295869.49

Date 01 / 12 / 2006

Transaction ID: H4-82394

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 120.00 | | 120.00 | | 240.00 |

B. Full Name (Last, First, Middle Initial)
General Systems Corporation

Mailing Address
8306-D Old Courthouse Road

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Programming

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

296205.49

Date 01 / 12 / 2006

Transaction ID: H4-82395

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 168.00 | | 168.00 | | 336.00 |

C. Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address
P.O. Box 827468

City State Zip Code
Philadelphia PA 19182-7468

Purpose of Disbursement:
Equipment Rental

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

299871.64

Date 01 / 12 / 2006

Transaction ID: H4-82398

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1833.07 | | 1833.08 | | 3666.15 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2121.07 | | 2121.08 | | 4242.15 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ikon Office Solutions | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 827468 | | | Allocated Activity or Event Year-To-Date 300153.74 | | |
| City | State | Zip Code | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82399 | | |
| Philadelphia | PA | 19182-7468 | | | |
| Purpose of Disbursement: Equipment Rental | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 141.05 | | 141.05 | | 282.10 |

| | | | | | |
|---|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Initial Tropical Plant | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 95409 | | | Allocated Activity or Event Year-To-Date 300334.04 | | |
| City | State | Zip Code | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82400 | | |
| Palatine | IL | 60095 | | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 90.15 | | 90.15 | | 180.30 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) International Software Systems Solutions Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 109 Commerce Road | | | Allocated Activity or Event Year-To-Date 300949.04 | | |
| City | State | Zip Code | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> Transaction ID: H4-82401 | | |
| Boynton Beach | FL | 33426 | | | |
| Purpose of Disbursement: Computer Supplies/Hardware | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 307.50 | | 307.50 | | 615.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 538.70 | | 538.70 | | 1077.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Lexis Nexis

Mailing Address
P. O. Box 7247-7090

City State Zip Code
Philadelphia PA 19170

Purpose of Disbursement:
Computer Services

Category/
Type

Activity or Event Identifier:
PSP06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6253.50

Date 01 / 12 / 2006

Transaction ID: H4-82404

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 666.22 | | 666.23 | | 1332.45 |

B. Full Name (Last, First, Middle Initial)
MCI

Mailing Address
P. O. Box 85053

City State Zip Code
Louisville KY 40285

Purpose of Disbursement:
Telephone

Category/
Type

Activity or Event Identifier:
PSP06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6390.56

Date 01 / 12 / 2006

Transaction ID: H4-82405

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 68.53 | | 68.53 | | 137.06 |

C. Full Name (Last, First, Middle Initial)
NGP Software Inc

Mailing Address
1101 Vermont Avenue, NW Suite 710

City State Zip Code
Washington DC 20005

Purpose of Disbursement:
Computer Services

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

303949.04

Date 01 / 12 / 2006

Transaction ID: H4-82407

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1500.00 | | 1500.00 | | 3000.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2234.75 | | 2234.76 | | 4469.51 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Office Depot | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 70025 | | | Allocated Activity or Event Year-To-Date 304221.56 | | |
| City Los Angeles | State CA | Zip Code 90074-0025 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82408 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="136.26"/> | | <input type="text" value="136.26"/> | | <input type="text" value="272.52"/> |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Perkins Coie | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1201 Third Avenue 40th Floor | | | Allocated Activity or Event Year-To-Date 310006.65 | | |
| City Seattle | State WA | Zip Code 98101-3099 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Legal Services | | | Transaction ID: H4-82411 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="2892.54"/> | | <input type="text" value="2892.55"/> | | <input type="text" value="5785.09"/> |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Perkins Coie | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1201 Third Avenue 40th Floor | | | Allocated Activity or Event Year-To-Date 327600.74 | | |
| City Seattle | State WA | Zip Code 98101-3099 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Legal Services | | | Transaction ID: H4-82412 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|--------------------------------------|---|--------------------------------------|---|---------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="8797.04"/> | | <input type="text" value="8797.05"/> | | <input type="text" value="17594.09"/> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------------------------------|---|---------------------------------------|---|---------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="11825.84"/> | | <input type="text" value="11825.86"/> | | <input type="text" value="23651.70"/> |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Pitney Bowes Credit Corp. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 85460 | | | Allocated Activity or Event Year-To-Date 329277.18 | | |
| City Louisville | State KY | Zip Code 40285-5460 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Equipment Rental | | | Transaction ID: H4-82413 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 838.22 | | 838.22 | | 1676.44 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Prime Office Products | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 8629 | | | Allocated Activity or Event Year-To-Date 329281.80 | | |
| City Elkridge | State MD | Zip Code 21075 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82414 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.31 | | 2.31 | | 4.62 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Prime Office Products | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 8629 | | | Allocated Activity or Event Year-To-Date 329639.01 | | |
| City Elkridge | State MD | Zip Code 21075 | Date MM / DD / YYYY 01 / 12 / 2006 | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82415 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 178.60 | | 178.61 | | 357.21 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1019.13 | | 1019.14 | | 2038.27 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Prime Office Products | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 8629 | | | Allocated Activity or Event Year-To-Date 329713.76 | | |
| City Elkridge | State MD | Zip Code 21075 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82417 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 37.37 | | 37.38 | | 74.75 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Prime Office Products | | | Type of Allocated Activity: <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 8629 | | | Allocated Activity or Event Year-To-Date 6424.39 | | |
| City Elkridge | State MD | Zip Code 21075 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Office Supplies Expenses | | | Transaction ID: H4-82418 | | |
| Activity or Event Identifier: PSP06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 16.91 | | 16.92 | | 33.83 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Progressive Wisconsin, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 203 S. Paterson St. Suite 400 | | | Allocated Activity or Event Year-To-Date 330613.76 | | |
| City Madison | State WI | Zip Code 53704 | Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Rent | | | Transaction ID: H4-82420 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 450.00 | | 450.00 | | 900.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 504.28 | | 504.30 | | 1008.58 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Progressive Wisconsin, Inc.

Mailing Address
203 S. Paterson St. Suite 400

City State Zip Code
Madison WI 53704

Purpose of Disbursement:
Telephone

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

330733.76

Date / /

Transaction ID: H4-82421

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 60.00 | | 60.00 | | 120.00 |

B. Full Name (Last, First, Middle Initial)
Sheads & Associates, Ltd.

Mailing Address
Prince William Square 303 Post Office Rd. Bldg A

City State Zip Code
Waldorf MD 20602

Purpose of Disbursement:
Contribution Processing

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

334013.72

Date / /

Transaction ID: H4-82426

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1639.98 | | 1639.98 | | 3279.96 |

C. Full Name (Last, First, Middle Initial)
Thomas House Coffee Service

Mailing Address
2309 Kansas Ave.

City State Zip Code
Silver Spring MD 20910

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

334076.28

Date / /

Transaction ID: H4-82427

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 31.28 | | 31.28 | | 62.56 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1731.26 | | 1731.26 | | 3462.52 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Transamerica Occidental Life Insurance Company

Mailing Address
P.O. Box 740559

| | | | |
|---|-------------|------------------------|-------------------|
| City Atlanta | State GA | Zip Code 30374-0559 | Category/ Type |
| Purpose of Disbursement: Insurance Health/Life | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
338216.28

Date / /
Transaction ID: H4-82428

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2070.00 | | 2070.00 | | 4140.00 |

B. Full Name (Last, First, Middle Initial)
Patricia Williams

Mailing Address
3 Wyndham Drive

| | | | |
|--|-------------|-------------------|-------------------|
| City Portola Valley | State CA | Zip Code 94028 | Category/ Type |
| Purpose of Disbursement: Travel/ Accommodations | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
338316.28

Date / /
Transaction ID: H4-82436

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 50.00 | | 50.00 | | 100.00 |

C. Full Name (Last, First, Middle Initial)
Womens Politcal Summitt c/o Jane Hader Henick

Mailing Address
552 Dryad Rd

| | | | |
|--|-------------|-------------------|-------------------|
| City Santa Monica | State CA | Zip Code 90402 | Category/ Type |
| Purpose of Disbursement: Publication & Dues | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
338356.28

Date / /
Transaction ID: H4-82437

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 20.00 | | 20.00 | | 40.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2140.00 | | 2140.00 | | 4280.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ikon Office Solutions

Mailing Address
P.O. Box 827468

| | | | |
|--|-------------|------------------------|-------------------|
| City Philadelphia | State PA | Zip Code 19182-7468 | Category/ Type |
| Purpose of Disbursement: Equipment Rental | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
339531.76

Date / /
Transaction ID: H4-82438

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 587.74 | | 587.74 | | 1175.48 |

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address
P.O. Box 1270

| | | | |
|--|-------------|------------------------|-------------------|
| City Newark | State NJ | Zip Code 07101-1270 | Category/ Type |
| Purpose of Disbursement: Computer Supplies/Software | | | |

Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
339561.71

Date / /
Transaction ID: H4-83583

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.97 | | 14.98 | | 29.95 |

C. Full Name (Last, First, Middle Initial)
AC Transit

Mailing Address
425 Mission St.

| | | | |
|--|-------------|-------------------|-------------------|
| City San Francisco | State CA | Zip Code 94105 | Category/ Type |
| Purpose of Disbursement: Local Transportation | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
339631.71

Date / /
Transaction ID: H4-82511

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.00 | | 35.00 | | 70.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 637.71 | | 637.72 | | 1275.43 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Adelstein Liston
Mailing Address
222 West Ontario Street Suite 503
City State Zip Code
Chicago IL 60610
Purpose of Disbursement:
Consulting Political
Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
354131.71
Date MM / DD / YYYY
01 / 19 / 2006
Transaction ID: H4-82512

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7250.00 | | 7250.00 | | 14500.00 |

B. Full Name (Last, First, Middle Initial)
ArchivesOne, Inc.
Mailing Address
PO Box 13005
City State Zip Code
Lewiston ME 04243-9505
Purpose of Disbursement:
Rent
Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
354410.17
Date MM / DD / YYYY
01 / 19 / 2006
Transaction ID: H4-82513

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 139.23 | | 139.23 | | 278.46 |

C. Full Name (Last, First, Middle Initial)
Arrowhead Mountain Spring Water Co.
Mailing Address
P.O. Box 52237
City State Zip Code
Phoenix AZ 85072-2237
Purpose of Disbursement:
Publication & Dues
Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
354435.57
Date MM / DD / YYYY
01 / 19 / 2006
Transaction ID: H4-82514

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.70 | | 12.70 | | 25.40 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7401.93 | | 7401.93 | | 14803.86 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) SaBrina Brown | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 1265 | | | Allocated Activity or Event Year-To-Date 354481.52 | | |
| City North Beach | State MD | Zip Code 20714 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Internet Services | | | Transaction ID: H4-82515 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.97 | | 22.98 | | 45.95 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Cogent Communications, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 791087 | | | Allocated Activity or Event Year-To-Date 355500.54 | | |
| City Baltimore | State MD | Zip Code 21279-1087 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Internet Services | | | Transaction ID: H4-82516 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 509.51 | | 509.51 | | 1019.02 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Cathleen Costello | | | Type of Allocated Activity: <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 1308 Forest Glen Dr. South | | | Allocated Activity or Event Year-To-Date 6672.79 | | |
| City Winnetka | State IL | Zip Code 60093 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82517 | | |
| Activity or Event Identifier: PSP06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 124.20 | | 124.20 | | 248.40 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 656.68 | | 656.69 | | 1313.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Deer ParkSpring Water Processing Center

Mailing Address
P.O. Box 52271

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Phoenix | AR | 85072-2271 |

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
355785.63

Date / /
Transaction ID: H4-82518

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 142.54 | | 142.55 | | 285.09 |

B. Full Name (Last, First, Middle Initial)
General Systems Corporation

Mailing Address
8306-D Old Courthouse Road

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Vienna | VA | 22182 |

Purpose of Disbursement:
Programming

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
356289.63

Date / /
Transaction ID: H4-82520

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 252.00 | | 252.00 | | 504.00 |

C. Full Name (Last, First, Middle Initial)
General Systems Corporation

Mailing Address
8306-D Old Courthouse Road

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Vienna | VA | 22182 |

Purpose of Disbursement:
Programming

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
356481.63

Date / /
Transaction ID: H4-82521

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 96.00 | | 96.00 | | 192.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 490.54 | | 490.55 | | 981.09 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ray Keating | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 114 Adams Ct. | | | Allocated Activity or Event Year-To-Date 356519.46 | | |
| City Walkersville | State MD | Zip Code 21793 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Internet Services | | | Transaction ID: H4-82524 | | |
| Activity or Event Identifier: AVD06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.91 | | 18.92 | | 37.83 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Sherry Merfish | | | Type of Allocated Activity: <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 2720 Pittsburg | | | Allocated Activity or Event Year-To-Date 6708.43 | | |
| City Houston | State TX | Zip Code 77005 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Local Transportation | | | Transaction ID: H4-82525 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.82 | | 17.82 | | 35.64 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sherry Merfish | | | Type of Allocated Activity: <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 2720 Pittsburg | | | Allocated Activity or Event Year-To-Date 6722.08 | | |
| City Houston | State TX | Zip Code 77005 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Postage | | | Transaction ID: H4-82526 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.82 | | 6.83 | | 13.65 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.55 | | 43.57 | | 87.12 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Sherry Merfish

Mailing Address
2720 Pittsburg

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77005 |

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
6931.77

Date / /
Transaction ID: H4-82527

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 104.84 | | 104.85 | | 209.69 |

B. Full Name (Last, First, Middle Initial)
Sherry Merfish

Mailing Address
2720 Pittsburg

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77005 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Activity or Event Identifier:
PSP06

See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
7613.14

Date / /
Transaction ID: H4-82528

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 340.68 | | 340.69 | | 681.37 |

C. Full Name (Last, First, Middle Initial)
Anne Moses

Mailing Address
251 28th Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94131 |

Purpose of Disbursement:
Local Transportation

Activity or Event Identifier:
PSP06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
7887.14

Date / /
Transaction ID: H4-82529

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 137.00 | | 137.00 | | 274.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 582.52 | | 582.54 | | 1165.06 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
News Spot

Mailing Address
345 Spear Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement:
Local Transportation

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

356744.46

Date 01 / 19 / 2006

Transaction ID: H4-82530

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 112.50 | | 112.50 | | 225.00 |

B. Full Name (Last, First, Middle Initial)
Prime Office Products

Mailing Address
PO Box 8629

City State Zip Code
Elkridge MD 21075

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

357194.21

Date 01 / 19 / 2006

Transaction ID: H4-82531

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 224.87 | | 224.88 | | 449.75 |

C. Full Name (Last, First, Middle Initial)
Prime Office Products

Mailing Address
PO Box 8629

City State Zip Code
Elkridge MD 21075

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

357550.59

Date 01 / 19 / 2006

Transaction ID: H4-82532

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 178.19 | | 178.19 | | 356.38 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 515.56 | | 515.57 | | 1031.13 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Prime Office Products

Mailing Address
PO Box 8629

| | | | |
|--|-------------|-------------------|-------------------|
| City Elkridge | State MD | Zip Code 21075 | Category/ Type |
| Purpose of Disbursement: Office Supplies Expenses | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
358018.07

Date / /
Transaction ID: H4-82533

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 233.74 | | 233.74 | | 467.48 |

B. Full Name (Last, First, Middle Initial)
Prime Office Products

Mailing Address
PO Box 8629

| | | | |
|--|-------------|-------------------|-------------------|
| City Elkridge | State MD | Zip Code 21075 | Category/ Type |
| Purpose of Disbursement: Office Supplies Expenses | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
358386.08

Date / /
Transaction ID: H4-82535

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 184.00 | | 184.01 | | 368.01 |

C. Full Name (Last, First, Middle Initial)
Prime Office Products

Mailing Address
PO Box 8629

| | | | |
|--|-------------|-------------------|-------------------|
| City Elkridge | State MD | Zip Code 21075 | Category/ Type |
| Purpose of Disbursement: Office Supplies Expenses | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
358406.09

Date / /
Transaction ID: H4-82536

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.00 | | 10.01 | | 20.01 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 427.74 | | 427.76 | | 855.50 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Rebecka Rosenquist

Mailing Address
4071A 24th Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94114 |

Purpose of Disbursement:
Local Transportation

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
358442.04

Date / /
Transaction ID: H4-82542

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.97 | | 17.98 | | 35.95 |

B. Full Name (Last, First, Middle Initial)
SBC

Mailing Address
Payment Center

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Sacramento | CA | 95887-0001 |

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
359403.36

Date / /
Transaction ID: H4-82543

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 480.66 | | 480.66 | | 961.32 |

C. Full Name (Last, First, Middle Initial)
SBC

Mailing Address
Payment Center

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Sacramento | CA | 95887-0001 |

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
359991.56

Date / /
Transaction ID: H4-82544

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 294.10 | | 294.10 | | 588.20 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 792.73 | | 792.74 | | 1585.47 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
UNUM Life Insurance Co. of America

Mailing Address
P. O. Box 406990

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30384-6990 |

Purpose of Disbursement:
Insurance Health/Life

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
361441.65

Date / /
Transaction ID: H4-82546

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 725.04 | | 725.05 | | 1450.09 |

B. Full Name (Last, First, Middle Initial)
U. S. Postal Service

Mailing Address
1400 L Street NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20005 |

Purpose of Disbursement:
Postage

Activity or Event Identifier:
PSP06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
8004.14

Date / /
Transaction ID: H4-82547

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 58.50 | | 58.50 | | 117.00 |

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address
P.O. Box 1100

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Albany | NY | 12250-0001 |

Purpose of Disbursement:
Telephone

Activity or Event Identifier:
PSP06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
8070.28

Date / /
Transaction ID: H4-82548

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.07 | | 33.07 | | 66.14 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 816.61 | | 816.62 | | 1633.23 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Patricia Williams | | | Type of Allocated Activity: <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 3 Wyndham Drive | | | Allocated Activity or Event Year-To-Date 8198.88 | | |
| City Portola Valley | State CA | Zip Code 94028 | Date 01 / 19 / 2006 | | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4-82549 | | |
| Activity or Event Identifier: PSP06 See Attached Memo Entry | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 64.30 | | 64.30 | | 128.60 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Patricia Williams | | | Type of Allocated Activity: <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 3 Wyndham Drive | | | Allocated Activity or Event Year-To-Date 8258.88 | | |
| City Portola Valley | State CA | Zip Code 94028 | Date 01 / 19 / 2006 | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82550 | | |
| Activity or Event Identifier: PSP06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 30.00 | | 60.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Patricia Williams | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3 Wyndham Drive | | | Allocated Activity or Event Year-To-Date 361546.65 | | |
| City Portola Valley | State CA | Zip Code 94028 | Date 01 / 19 / 2006 | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Transaction ID: H4-82551 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 52.50 | | 52.50 | | 105.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 146.80 | | 146.80 | | 293.60 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Working Assets | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 2041 | | | Allocated Activity or Event Year-To-Date 36155.98 | | |
| City Mechanicsburg | State PA | Zip Code 17055 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4-82552 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.66 | | 4.67 | | 9.33 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) John Hancock c/o City Bank Delaware | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1615 Brett Road Lock Box 7122 | | | Allocated Activity or Event Year-To-Date 375224.93 | | |
| City New Castle | State DE | Zip Code 19720 | Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Employment Pension/ 401(k) | | | Transaction ID: H4-82767 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6834.47 | | 6834.48 | | 13668.95 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) 100 Spear Street Owners' Corp | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 10297 | | | Allocated Activity or Event Year-To-Date 381537.27 | | |
| City Newark | State NJ | Zip Code 07193-0297 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Rent | | | Transaction ID: H4-82602 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3156.17 | | 3156.17 | | 6312.34 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9995.30 | | 9995.32 | | 19990.62 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
100 Spear Street Owners' Corp

Mailing Address
PO Box 10297

City State Zip Code
Newark NJ 07193-0297

Purpose of Disbursement:
Repairs Maintenance

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

381597.27

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-82603

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 30.00 | | 60.00 |

B. Full Name (Last, First, Middle Initial)
Avis Vehicle Damage Claims

Mailing Address
P.O. Box 652

City State Zip Code
Parsippany NJ 07054

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

383658.51

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-82605

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1030.62 | | 1030.62 | | 2061.24 |

C. Full Name (Last, First, Middle Initial)
Jack I. Bender & Sons

Mailing Address
1120 Connecticut Ave, NW Suite 1200

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Rent

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

446886.64

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-82606

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 31614.06 | | 31614.07 | | 63228.13 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 32674.68 | | 32674.69 | | 65349.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Jack I. Bender & Sons

Mailing Address
1120 Connecticut Ave, NW Suite 1200

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement:
Building Utilities & Fees

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
447521.14

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82608

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 317.25 | | 317.25 | | 634.50 |

B. Full Name (Last, First, Middle Initial)
Colonial Parking, Inc.

Mailing Address
1050 Thomas Jefferson St., #100

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20007 |

Purpose of Disbursement:
Parking Fees

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
449411.14

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82617

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 945.00 | | 945.00 | | 1890.00 |

C. Full Name (Last, First, Middle Initial)
Cathleen Costello

Mailing Address
1308 Forest Glen Dr. South

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Winnetka | IL | 60093 |

Purpose of Disbursement:
Travel/ Accommodations

Activity or Event Identifier:
PSP06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
8345.88

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82619

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.50 | | 43.50 | | 87.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1305.75 | | 1305.75 | | 2611.50 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Judy Loeb Goldfein

Mailing Address
50 East 89th Street 6E

City State Zip Code
New York NY 10128

Purpose of Disbursement:
Rent

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

450011.14

Activity or Event Identifier:
AVD06

See Attached Memo Entry

Date 01 / 26 / 2006

Transaction ID: H4-82622

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 300.00 | | 300.00 | | 600.00 |

B. Full Name (Last, First, Middle Initial)
JIB Monitoring Center

Mailing Address
1120 Connecticut Avenue, NW Suite 1200

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

450296.67

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-82625

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 142.76 | | 142.77 | | 285.53 |

C. Full Name (Last, First, Middle Initial)
JIB Monitoring Center

Mailing Address
1120 Connecticut Avenue, NW Suite 1200

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Building Utilities & Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

450532.94

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-82626

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 118.13 | | 118.14 | | 236.27 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 560.89 | | 560.91 | | 1121.80 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Gerald Merfish

Mailing Address
P.O. Box 15879

| | | | |
|----------------------------------|-------------|------------------------|-------------------|
| City Houston | State TX | Zip Code 77220-5879 | Category/ Type |
| Purpose of Disbursement: Rent | | | |

Activity or Event Identifier:
AVD06
See Attached Memo Entry

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
451132.94

Date 01 / 26 / 2006
Transaction ID: H4-82628

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 300.00 | | 300.00 | | 600.00 |

B. Full Name (Last, First, Middle Initial)
PTI Communications

Mailing Address
1334-E Shepard Drive

| | | | |
|--|-------------|------------------------|-------------------|
| City Sterling | State VA | Zip Code 20164-4426 | Category/ Type |
| Purpose of Disbursement: Office Supplies Expenses | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
452618.94

Date 01 / 26 / 2006
Transaction ID: H4-82653

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 743.00 | | 743.00 | | 1486.00 |

C. Full Name (Last, First, Middle Initial)
PTI Communications

Mailing Address
1334-E Shepard Drive

| | | | |
|---|-------------|------------------------|-------------------|
| City Sterling | State VA | Zip Code 20164-4426 | Category/ Type |
| Purpose of Disbursement: Repairs Maintenance | | | |

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
452838.94

Date 01 / 26 / 2006
Transaction ID: H4-82654

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 110.00 | | 110.00 | | 220.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1153.00 | | 1153.00 | | 2306.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cristina Uribe | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4212 26th Street, Unit A | | | Allocated Activity or Event Year-To-Date 452878.20 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| San Francisco | CA | 94131 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Travel/ Accommodations | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-82660 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.63 | | 19.63 | | 39.26 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Verizon | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1 | | | Allocated Activity or Event Year-To-Date 452965.67 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Worcester | MA | 01654 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephone | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-82661 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.73 | | 43.74 | | 87.47 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Verizon Wireless | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 489 | | | Allocated Activity or Event Year-To-Date 453081.25 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Newark | NJ | 07101-0489 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephone | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-82662 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 57.79 | | 57.79 | | 115.58 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 121.15 | | 121.16 | | 242.31 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | |
|---|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Working Assets | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 2041 | | | Allocated Activity or Event Year-To-Date 453884.88 | |
| City Mechanicsburg | State PA | Zip Code 17055 | Date MM / DD / YYYY 01 / 26 / 2006 | |
| Purpose of Disbursement: Telephone | | | Transaction ID: H4-82665 | |
| Activity or Event Identifier: AVD06 | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 401.81 | | 401.82 | | 803.63 |

| | | | | |
|--|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Amanda Bogden | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2414 Observatory Pl, NW | | | Allocated Activity or Event Year-To-Date 454985.65 | |
| City Washington | State DC | Zip Code 20007 | Date MM / DD / YYYY 01 / 26 / 2006 | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83352 | |
| Activity or Event Identifier: AVD06 | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 550.38 | | 550.39 | | 1100.77 |

| | | | | |
|--|-------------|-------------------|---|--|
| C. Full Name (Last, First, Middle Initial) SaBrina Brown | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 P.O. Box 1265 | | | Allocated Activity or Event Year-To-Date 457754.95 | |
| City North Beach | State MD | Zip Code 20714 | Date MM / DD / YYYY 01 / 26 / 2006 | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83353 | |
| Activity or Event Identifier: AVD06 | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1384.65 | | 1384.65 | | 2769.30 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2336.84 | | 2336.86 | | 4673.70 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Lesbia Cajchun | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2902 Kings Chapel Rd | | | Allocated Activity or Event Year-To-Date 459305.42 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4-83354 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Falls Church | VA | 22042 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 775.23 | | 775.24 | | 1550.47 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Caroline Fines | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 10621 Regent Park Court | | | Allocated Activity or Event Year-To-Date 461213.98 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4-83355 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Fairfax | VA | 22030 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 954.28 | | 954.28 | | 1908.56 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Courtney Fry | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3140 Wisconsin Ave. NW Apt. 105 | | | Allocated Activity or Event Year-To-Date 462074.32 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: H4-83357 | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | | | | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | |
| Washington | DC | 20016 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: AVD06 | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 430.17 | | 430.17 | | 860.34 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2159.68 | | 2159.69 | | 4319.37 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ray Keating

Mailing Address
114 Adams Ct.

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Walkersville | MD | 21793 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

464195.51

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83358

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1060.59 | | 1060.60 | | 2121.19 |

B. Full Name (Last, First, Middle Initial)
Ellen L Moran

Mailing Address
8220 Custer Rd

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Bethesda | MD | 20817 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

468694.99

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83361

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2249.74 | | 2249.74 | | 4499.48 |

C. Full Name (Last, First, Middle Initial)
Lisa Robillard

Mailing Address
4326 South 36th Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22206 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

470338.34

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83362

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 821.67 | | 821.68 | | 1643.35 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4132.00 | | 4132.02 | | 8264.02 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Hannah Carter | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1301 N. Lafayette | | | Allocated Activity or Event Year-To-Date 470430.69 | | |
| City Royal Oak | State MI | Zip Code 48067 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83363 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.17 | | 46.18 | | 92.35 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Amy Drummond | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 104 Roberts Lane #401 | | | Allocated Activity or Event Year-To-Date 471793.40 | | |
| City Alexandria | State VA | Zip Code 22314 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83364 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 681.35 | | 681.36 | | 1362.71 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sara R Fewer | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 767 22nd Ave | | | Allocated Activity or Event Year-To-Date 472651.27 | | |
| City San Francisco | State CA | Zip Code 94121 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83365 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 428.93 | | 428.94 | | 857.87 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1156.45 | | 1156.48 | | 2312.93 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Andrea E Gottfried | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 666 Greenwich St | | | Allocated Activity or Event Year-To-Date 474302.36 | | |
| City New York | State NY | Zip Code 10014 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83366 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 825.54 | | 825.55 | | 1651.09 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Cheryl Gregory | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4551 Sawgrass Ct. | | | Allocated Activity or Event Year-To-Date 478051.77 | | |
| City Alexandria | State VA | Zip Code 22312 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83367 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1874.70 | | 1874.71 | | 3749.41 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Julia Hejl | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 10554 Brookview Dr. | | | Allocated Activity or Event Year-To-Date 478097.94 | | |
| City Carmel | State IN | Zip Code 46032 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83368 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 23.08 | | 23.09 | | 46.17 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2723.32 | | 2723.35 | | 5446.67 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Judi Kanter

Mailing Address
267 Paseo Bernal Ave.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Moraga | CA | 94556 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
481020.08

Date / /
Transaction ID: H4-83369

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1461.07 | | 1461.07 | | 2922.14 |

B. Full Name (Last, First, Middle Initial)
Alyssa Krop

Mailing Address
4525 N 20th Place

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22207 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
481835.08

Date / /
Transaction ID: H4-83371

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 407.50 | | 407.50 | | 815.00 |

C. Full Name (Last, First, Middle Initial)
Rochelle Sachs Levin

Mailing Address
22800 SW 157th Avenue

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Miami | FL | 33170 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
485540.77

Date / /
Transaction ID: H4-83373

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1852.84 | | 1852.85 | | 3705.69 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3721.41 | | 3721.42 | | 7442.83 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Judy Loeb Goldfein | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 50 East 89th Street 6E | | | Allocated Activity or Event Year-To-Date 488527.94 | | |
| City New York | State NY | Zip Code 10128 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: H4-83374 | | |
| Purpose of Disbursement: Salaries | | Category/ Type | | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1493.58 | | 1493.59 | | 2987.17 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Colleen Medlock | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 14637 Locustwood Lane | | | Allocated Activity or Event Year-To-Date 489266.06 | | |
| City Silver Spring | State MD | Zip Code 20905 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: H4-83375 | | |
| Purpose of Disbursement: Salaries | | Category/ Type | | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 369.06 | | 369.06 | | 738.12 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sherry Merfish | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2720 Pittsburg | | | Allocated Activity or Event Year-To-Date 492412.99 | | |
| City Houston | State TX | Zip Code 77005 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: H4-83376 | | |
| Purpose of Disbursement: Salaries | | Category/ Type | | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1573.46 | | 1573.47 | | 3146.93 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3436.10 | | 3436.12 | | 6872.22 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Anne Moses

Mailing Address
251 28th Street

City State Zip Code
San Francisco CA 94131

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

495310.28

Date 01 / 26 / 2006

Transaction ID: H4-83377

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1448.64 | | 1448.65 | | 2897.29 |

B. Full Name (Last, First, Middle Initial)
Elizabeth Mullane

Mailing Address
345 E. 94th St Apt 3H

City State Zip Code
New York NY 10128

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

495840.77

Date 01 / 26 / 2006

Transaction ID: H4-83378

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 265.24 | | 265.25 | | 530.49 |

C. Full Name (Last, First, Middle Initial)
Jamie Natelson

Mailing Address
1128 6th Avenue, #1

City State Zip Code
Venice CA 90291

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

497976.18

Date 01 / 26 / 2006

Transaction ID: H4-83379

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1067.70 | | 1067.71 | | 2135.41 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2781.58 | | 2781.61 | | 5563.19 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

EMILY's List

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

Mailing Address
3429 Yuma Street NW Apt 104

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20008 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499057.75

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83380

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 540.78 | | 540.79 | | 1081.57 |

B. Full Name (Last, First, Middle Initial)
Barbara Perell

Mailing Address
1320 N Veitch Street #1716

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22201 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500495.30

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83387

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 718.77 | | 718.78 | | 1437.55 |

C. Full Name (Last, First, Middle Initial)
Karin Rasmus

Mailing Address
3302 Alabama Ave.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22305 |

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500553.01

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83388

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 28.85 | | 28.86 | | 57.71 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1288.40 | | 1288.43 | | 2576.83 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Tiffany Reed | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2450 Ontario Rd, NW | | | Allocated Activity or Event Year-To-Date 501559.18 | | |
| City | State | Zip Code | Category/ Type | | |
| Washington | DC | 20009 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 0 6 | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83389 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 503.08 | | 503.09 | | 1006.17 |

| | | | | | |
|---|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ryan Rodriguez | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 612 C Street SE | | | Allocated Activity or Event Year-To-Date 503025.03 | | |
| City | State | Zip Code | Category/ Type | | |
| Washington | DC | 20003 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 0 6 | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83390 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 732.92 | | 732.93 | | 1465.85 |

| | | | | | |
|---|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Stacy Segal-Reichlin | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 8 Sumner Street | | | Allocated Activity or Event Year-To-Date 503080.44 | | |
| City | State | Zip Code | Category/ Type | | |
| Swampscott | MA | 01907 | | | |
| Purpose of Disbursement: Salaries | | | Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 6 / 2 0 0 6 | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83391 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 27.70 | | 27.71 | | 55.41 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1263.70 | | 1263.73 | | 2527.43 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Rebecca Hughes Runyan | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 18722 San Diego Blvd. | | | Allocated Activity or Event Year-To-Date 503949.39 | | |
| City Lathrup Village | State MI | Zip Code 48076 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83392 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 434.47 | | 434.48 | | 868.95 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Bret Shaw | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1411 N Rolfe Street #6 | | | Allocated Activity or Event Year-To-Date 504741.60 | | |
| City Arlington | State VA | Zip Code 22209 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83393 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 396.10 | | 396.11 | | 792.21 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Katey Watts | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2888 Silverwood | | | Allocated Activity or Event Year-To-Date 504857.04 | | |
| City Pocatello | State ID | Zip Code 83201 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83394 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 57.72 | | 57.72 | | 115.44 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 888.29 | | 888.31 | | 1776.60 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Patricia Williams

Mailing Address
3 Wyndham Drive

City State Zip Code
Portola Valley CA 94028

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

508362.76

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 26 / 2006

Transaction ID: H4-83395

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1752.86 | | 1752.86 | | 3505.72 |

B. Full Name (Last, First, Middle Initial)
Jennifer Zukowski

Mailing Address
PO Box 80

City State Zip Code
Falmouth MA 02541

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

509461.93

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 26 / 2006

Transaction ID: H4-83397

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 549.58 | | 549.59 | | 1099.17 |

C. Full Name (Last, First, Middle Initial)
Dana Cohn

Mailing Address
16955 Otsego St.

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

509554.28

Activity or Event Identifier:
AVD06

Date MM / DD / YYYY
01 / 26 / 2006

Transaction ID: H4-83398

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 46.17 | | 46.18 | | 92.35 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2348.61 | | 2348.63 | | 4697.24 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

EMILY's List

A. Full Name (Last, First, Middle Initial)
Carrie Giddins

Mailing Address
4601 Connecticut Ave NW #909

City State Zip Code
Washington DC 20008

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

511184.84

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83400

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 815.28 | | 815.28 | | 1630.56 |

B. Full Name (Last, First, Middle Initial)
Kasiana McLenaghan

Mailing Address
2601 Virginia Ave. #708

City State Zip Code
Washington DC 20052

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

511231.01

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83402

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 23.08 | | 23.09 | | 46.17 |

C. Full Name (Last, First, Middle Initial)
Ramona Oliver

Mailing Address
2311 North Front Street Apt 909

City State Zip Code
Harrisburg PA 17110

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

514045.31

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83403

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1407.15 | | 1407.15 | | 2814.30 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2245.51 | | 2245.52 | | 4491.03 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Tanya Bjork | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 203 South Paterson Street Suite 400 | | | Allocated Activity or Event Year-To-Date 516251.23 | | |
| City Madison | State WI | Zip Code 53703 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83404 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1102.96 | | 1102.96 | | 2205.92 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Kate Chapek | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1320 N Veitch Street #1037 | | | Allocated Activity or Event Year-To-Date 517682.35 | | |
| City Arlington | State VA | Zip Code 22201 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83405 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 715.56 | | 715.56 | | 1431.12 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Kathleen Coyne-McCoy | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 267 Gleaner Chapel Road | | | Allocated Activity or Event Year-To-Date 520251.37 | | |
| City North Scituate | State RI | Zip Code 02857 | Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | | |
| Purpose of Disbursement: Salaries | | | Category/ Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83406 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1284.51 | | 1284.51 | | 2569.02 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3103.03 | | 3103.03 | | 6206.06 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Elizabeth Dennison

Mailing Address
7661 Hung Ln.

City State Zip Code
Fayetteville NY 13066

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

520343.72

Date 01 / 26 / 2006

Transaction ID: H4-83407

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.17 | | 46.18 | | 92.35 |

B. Full Name (Last, First, Middle Initial)
Kellie Dupree

Mailing Address
333 12th Street, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

521205.06

Date 01 / 26 / 2006

Transaction ID: H4-83408

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 430.67 | | 430.67 | | 861.34 |

C. Full Name (Last, First, Middle Initial)
Rebecca Emory

Mailing Address
2130 P. St. NW #715

City State Zip Code
Washington DC 20037

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

521343.58

Date 01 / 26 / 2006

Transaction ID: H4-83409

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 69.26 | | 69.26 | | 138.52 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 546.10 | | 546.11 | | 1092.21 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Jessica George

Mailing Address
140 Thompson Rd.

City State Zip Code
Kennett Square PA 19348

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

521457.56

Date 01 / 26 / 2006

Transaction ID: H4-83410

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 56.99 | | 56.99 | | 113.98 |

B. Full Name (Last, First, Middle Initial)
Christina Heckart

Mailing Address
532 20th Street, NW Apt. 215

City State Zip Code
Washington DC 20006

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

522364.34

Date 01 / 26 / 2006

Transaction ID: H4-83411

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 453.39 | | 453.39 | | 906.78 |

C. Full Name (Last, First, Middle Initial)
Maren Hesla

Mailing Address
5515 Little Falls Rd.

City State Zip Code
Arlington VA 22207

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

525065.89

Date 01 / 26 / 2006

Transaction ID: H4-83412

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1350.77 | | 1350.78 | | 2701.55 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1861.15 | | 1861.16 | | 3722.31 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mary L Hodge

Mailing Address
908 Harrison Circle

City State Zip Code
Alexandria VA 22304

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

526013.92

Date 01 / 26 / 2006

Transaction ID: H4-83413

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 474.01 | | 474.02 | | 948.03 |

B. Full Name (Last, First, Middle Initial)
Dana Jones

Mailing Address
11726 Putting Green Court

City State Zip Code
Reston VA 20191

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

527814.31

Date 01 / 26 / 2006

Transaction ID: H4-83414

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 900.19 | | 900.20 | | 1800.39 |

C. Full Name (Last, First, Middle Initial)
Bob Kearney

Mailing Address
1260 21st NW Apt 811

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

530070.27

Date 01 / 26 / 2006

Transaction ID: H4-83415

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1127.98 | | 1127.98 | | 2255.96 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2502.18 | | 2502.20 | | 5004.38 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Christine Lombardi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1397 Gartner Rd. | | | Allocated Activity or Event Year-To-Date 530220.33 | | |
| City Naperville | State IL | Zip Code 60540 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83416 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 75.03 | | 75.03 | | 150.06 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Susan Markham | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1423 A Street, SE | | | Allocated Activity or Event Year-To-Date 532190.30 | | |
| City Washington | State DC | Zip Code 20003 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83417 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 984.98 | | 984.99 | | 1969.97 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sarah McGraw | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3 | | | Allocated Activity or Event Year-To-Date 532305.74 | | |
| City White Lake | State NY | Zip Code 12786 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83418 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 57.72 | | 57.72 | | 115.44 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1117.73 | | 1117.74 | | 2235.47 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Elizabeth McHugh | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1689 N. State Rt. 934 | | | Allocated Activity or Event Year-To-Date 532418.72 | | |
| City Annville | State PA | Zip Code 17003 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83419 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 56.49 | | 56.49 | | 112.98 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Gladstone Payton | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1723 Q Street NW #102 | | | Allocated Activity or Event Year-To-Date 533586.48 | | |
| City Washington | State DC | Zip Code 20009 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83420 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 583.88 | | 583.88 | | 1167.76 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Katherine Pregliasco | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1900 South Eads Street No. 215 | | | Allocated Activity or Event Year-To-Date 534435.51 | | |
| City Arlington | State VA | Zip Code 22202 | Date <input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2006"/> | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83421 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 424.51 | | 424.52 | | 849.03 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1064.88 | | 1064.89 | | 2129.77 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Rebecka Rosenquist | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 4071A 24th Street | | | Allocated Activity or Event Year-To-Date 535504.13 | | |
| City San Francisco | State CA | Zip Code 94114 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83422 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 534.31 | | 534.31 | | 1068.62 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Lisa Sohn | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 3400 Sacramento St. #6 | | | Allocated Activity or Event Year-To-Date 537232.62 | | |
| City San Francisco | State CA | Zip Code 94118 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83423 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 864.24 | | 864.25 | | 1728.49 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Kate Thomas | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 2541 Wayland Rd. | | | Allocated Activity or Event Year-To-Date 537449.53 | | |
| City Berwyn | State PA | Zip Code 19312 | Date <small>M M / D D / Y Y Y Y</small> 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Transaction ID: H4-83424 | | |
| Activity or Event Identifier: AVD06 | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 108.45 | | 108.46 | | 216.91 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1507.00 | | 1507.02 | | 3014.02 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Cristina Uribe

Mailing Address
4212 26th Street, Unit A

| | | | |
|---------------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| San Francisco | CA | 94131 | |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
539737.60

Date / /
Transaction ID: H4-83425

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1144.03 | | 1144.04 | | 2288.07 |

B. Full Name (Last, First, Middle Initial)
Margaret Van Cleave

Mailing Address
438 New Jersey Ave SE

| | | | |
|------------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Washington | DC | 20003 | |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
540709.41

Date / /
Transaction ID: H4-83426

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 485.90 | | 485.91 | | 971.81 |

C. Full Name (Last, First, Middle Initial)
Karen White

Mailing Address
1334 Walnut Avenue

| | | | |
|-----------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Annapolis | MD | 21403 | |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
545060.23

Date / /
Transaction ID: H4-83427

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2175.41 | | 2175.41 | | 4350.82 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3805.34 | | 3805.36 | | 7610.70 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Abigail Bar-Lev

Mailing Address
8657 N. Point Dr.

City State Zip Code
Fox Point WI 53217

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

545233.97

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83428

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 86.87 | | 86.87 | | 173.74 |

B. Full Name (Last, First, Middle Initial)
Anne Caprara

Mailing Address
2445 27th Court

City State Zip Code
Arlington VA 22206

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

546527.86

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83429

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 646.94 | | 646.95 | | 1293.89 |

C. Full Name (Last, First, Middle Initial)
Lauren Caselli

Mailing Address
8 Smallwood Drive

City State Zip Code
Pittsford NY 14534

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

546620.21

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83430

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 46.17 | | 46.18 | | 92.35 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 779.98 | | 780.00 | | 1559.98 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Peggy Egan

Mailing Address
9705 Meeks Bay Ave

City State Zip Code
Las Vegas NV 89148

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

548880.10

Date 01 / 26 / 2006

Transaction ID: H4-83431

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1129.94 | | 1129.95 | | 2259.89 |

B. Full Name (Last, First, Middle Initial)
Emily Elbert

Mailing Address
21811 Oceanview Lane

City State Zip Code
Huntington Beach CA 92646

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

551073.59

Date 01 / 26 / 2006

Transaction ID: H4-83432

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1096.74 | | 1096.75 | | 2193.49 |

C. Full Name (Last, First, Middle Initial)
Chris Esposito

Mailing Address
624 East Broadway

City State Zip Code
Boston MA 02127

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

553863.45

Date 01 / 26 / 2006

Transaction ID: H4-83433

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1394.93 | | 1394.93 | | 2789.86 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 3621.61 | | 3621.63 | | 7243.24 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Laura Fruge | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 420 Oklahoma Avenue, NE #102 | | | Allocated Activity or Event Year-To-Date 556171.77 | | |
| City Washington | State DC | Zip Code 20002 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83434 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1154.16 | | 1154.16 | | 2308.32 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Eureka Gilkey | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 930 M Street, NW #804 | | | Allocated Activity or Event Year-To-Date 557956.50 | | |
| City Washington | State DC | Zip Code 20001 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83435 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 892.36 | | 892.37 | | 1784.73 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Jill Greco | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input 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 1442 Crocus Ct. | | | Allocated Activity or Event Year-To-Date 558187.37 | | |
| City Longwood | State FL | Zip Code 32750 | Date MM / DD / YYYY 01 / 26 / 2006 | | |
| Purpose of Disbursement: Salaries | | | Category/Type | | |
| Activity or Event Identifier: AVD06 | | | Transaction ID: H4-83436 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 115.43 | | 115.44 | | 230.87 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2161.95 | | 2161.97 | | 4323.92 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Julie Holzhueter

Mailing Address
6825 19th Road N

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22205 |

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

559206.29

Activity or Event Identifier:
AVD06

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83437

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 509.46 | | 509.46 | | 1018.92 |

B. Full Name (Last, First, Middle Initial)
Meredith Kormes

Mailing Address
4850 Connecticut Avenue N Apt 904

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20008 |

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

559472.13

Activity or Event Identifier:
AVD06

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83439

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 132.92 | | 132.92 | | 265.84 |

C. Full Name (Last, First, Middle Initial)
Emily Kryder

Mailing Address
3689 Foothill Road

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Santa Barbara | CA | 93105 |

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

559699.00

Activity or Event Identifier:
AVD06

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-83440

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 113.43 | | 113.44 | | 226.87 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 755.81 | | 755.82 | | 1511.63 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Sarah Ladue

Mailing Address
1835 H. Street NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

559925.66

Date 01 / 26 / 2006

Transaction ID: H4-83441

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 113.33 | | 113.33 | | 226.66 |

B. Full Name (Last, First, Middle Initial)
David McGonagle

Mailing Address
4857 Battery Lane Apt 506

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

561047.65

Date 01 / 26 / 2006

Transaction ID: H4-83442

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 560.99 | | 561.00 | | 1121.99 |

C. Full Name (Last, First, Middle Initial)
Martha McKenna

Mailing Address
913 South Decker Avenue

City State Zip Code
Baltimore MD 21224

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

563626.18

Date 01 / 26 / 2006

Transaction ID: H4-83443

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1289.26 | | 1289.27 | | 2578.53 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1963.58 | | 1963.60 | | 3927.18 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mary Jane Volk

Mailing Address
541 E. Nelson Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

566325.02

Date 01 / 26 / 2006

Transaction ID: H4-83444

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1349.42 | | 1349.42 | | 2698.84 |

B. Full Name (Last, First, Middle Initial)
Renee Willette

Mailing Address
486 Mandana Blvd #5

City State Zip Code
Oakland CA 94610

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

567410.46

Date 01 / 26 / 2006

Transaction ID: H4-83445

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 542.72 | | 542.72 | | 1085.44 |

C. Full Name (Last, First, Middle Initial)
Edna Romero

Mailing Address
7111 Halleck Street

City State Zip Code
District Heights MD 20747

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

568762.30

Date 01 / 26 / 2006

Transaction ID: H4-83446

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 675.92 | | 675.92 | | 1351.84 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2568.06 | | 2568.06 | | 5136.12 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Quiyana Washington

Mailing Address
5613 Elberton Court

City State Zip Code
Hyattsville MD 20781

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

570580.41

Date 01 / 26 / 2006

Transaction ID: H4-83447

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 909.05 | | 909.06 | | 1818.11 |

B. Full Name (Last, First, Middle Initial)
Yvonne Williams

Mailing Address
5412 Bradford Ct. #231

City State Zip Code
Alexandria VA 22311

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

571888.02

Date 01 / 26 / 2006

Transaction ID: H4-83448

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 653.80 | | 653.81 | | 1307.61 |

C. Full Name (Last, First, Middle Initial)
Susan Finkle

Mailing Address
11605 34th Place

City State Zip Code
Beltsville MD 20705

Purpose of Disbursement:
Salaries

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

573323.10

Date 01 / 26 / 2006

Transaction ID: H4-83540

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 717.54 | | 717.54 | | 1435.08 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2280.39 | | 2280.41 | | 4560.80 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Britt Cocanour

Mailing Address
3100 Connecticut Avenue, N.W. Apt. 330

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20008 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
576462.11

Date / /
Transaction ID: H4-83541

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1569.50 | | 1569.51 | | 3139.01 |

B. Full Name (Last, First, Middle Initial)
Amie Kershner

Mailing Address
2209 E. Lombard St. #1

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Baltimore | MD | 21231 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
578058.36

Date / /
Transaction ID: H4-83542

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 798.12 | | 798.13 | | 1596.25 |

C. Full Name (Last, First, Middle Initial)
Julia Lamont

Mailing Address
4413 17th Street NW

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

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
579118.75

Date / /
Transaction ID: H4-83543

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 530.19 | | 530.20 | | 1060.39 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2897.81 | | 2897.84 | | 5795.65 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Joanne Wilson

Mailing Address
3806 Viser Court

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Bowie | MD | 20715 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
580113.17

Date / /
Transaction ID: H4-83544

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 497.21 | | 497.21 | | 994.42 |

B. Full Name (Last, First, Middle Initial)
Jeanne Duncan

Mailing Address
1416 Shepherd Street, NW

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

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
582789.65

Date / /
Transaction ID: H4-83545

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1338.24 | | 1338.24 | | 2676.48 |

C. Full Name (Last, First, Middle Initial)
Katherine Goktepe

Mailing Address
1439 Mclean Mews Court

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| McLean | VA | 22101 |

Purpose of Disbursement:
Salaries

Activity or Event Identifier:
AVD06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
583634.13

Date / /
Transaction ID: H4-83546

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 422.24 | | 422.24 | | 844.48 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2257.69 | | 2257.69 | | 4515.38 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Benjamin Jones

Mailing Address
10117 Big Rock Rd

City State Zip Code
Silver Spring MD 20901

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

586138.53

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83547

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1252.20 | | 1252.20 | | 2504.40 |

B. Full Name (Last, First, Middle Initial)
Ellen R Malcolm

Mailing Address
5060 Linnean Avenue, NW

City State Zip Code
Washington, DC 20008

Purpose of Disbursement:
Salaries

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

589950.90

Activity or Event Identifier:
AVD06

Date 01 / 26 / 2006

Transaction ID: H4-83548

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1906.18 | | 1906.19 | | 3812.37 |

C. Full Name (Last, First, Middle Initial)
Campaign Team, Inc. c/o Anna Lidman

Mailing Address
37 Brookview Terrace

City State Zip Code
Portland ME 04102

Purpose of Disbursement:
Consulting Fundraising

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

15012.55

Activity or Event Identifier:
PSP06

Date 01 / 31 / 2006

Transaction ID: H4-82693

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3333.33 | | 3333.34 | | 6666.67 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6491.71 | | 6491.73 | | 12983.44 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address
3060 Williams Drive #300

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement:
Taxes - Payroll

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

645679.96

Date 01 / 31 / 2006

Transaction ID: H4-83449

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 27864.53 | | 27864.53 | | 55729.06 |

B. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address
3060 Williams Drive #300

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement:
Taxes - Payroll

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

665963.46

Date 01 / 31 / 2006

Transaction ID: H4-83450

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10141.75 | | 10141.75 | | 20283.50 |

C. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address
3060 Williams Drive #300

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement:
Taxes - Payroll

Category/
Type

Activity or Event Identifier:
AVD06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

666136.92

Date 01 / 31 / 2006

Transaction ID: H4-83549

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 86.73 | | 86.73 | | 173.46 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 38093.01 | | 38093.01 | | 76186.02 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Orbitz

Mailing Address
200 S Wacker Drive

City State Zip Code
Chicago IL 60606

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82302-90000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 232.51 | | 232.51 | | 465.02 |

B. Full Name (Last, First, Middle Initial)
Staples

Mailing Address
19 & L NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82304-10000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.86 | | 18.86 | | 37.72 |

C. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
1050 Conn Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82305-10000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 66.60 | | 66.60 | | 133.20 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
1050 Conn Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82305-20000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 11.62 | | 11.63 | | 23.25 |

B. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
1050 Conn Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82305-30000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 12.20 | | 12.20 | | 24.40 |

C. Full Name (Last, First, Middle Initial)
Paradies

Mailing Address
National Airport

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82306-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.15 | | 4.16 | | 8.31 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Green Iguana

Mailing Address
1708 E 7th Ave

City State Zip Code
Tampa FL 33605

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date / /

Transaction ID: H4-82306-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 8.42 | | 8.41 | | 16.83 |

B. Full Name (Last, First, Middle Initial)
McDonalds

Mailing Address
2 Columbia Dr

City State Zip Code
Tampa FL 33606

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date / /

Transaction ID: H4-82306-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.45 | | 2.46 | | 4.91 |

C. Full Name (Last, First, Middle Initial)
Metro Market

Mailing Address
4703 W Hillsborough Ave

City State Zip Code
Tampa FL 33614

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date / /

Transaction ID: H4-82306-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1.60 | | 1.60 | | 3.20 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Hilton Garden Inn

Mailing Address
1700 E 9th Ave

| | | | |
|--|-------------|-------------------|-------------------|
| City Tampa | State FL | Zip Code 33605 | Category/ Type |
| Purpose of Disbursement: Travel/ Accommodations | | | |

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82307-10000

[MEMO ITEM]

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="148.98"/> | | <input type="text" value="148.98"/> | | <input type="text" value="297.96"/> |

B. Full Name (Last, First, Middle Initial)
Chevron

Mailing Address
1501 Van Ness Ave

| | | | |
|--|-------------|-------------------|-------------------|
| City San Francisco | State CA | Zip Code 94109 | Category/ Type |
| Purpose of Disbursement: Travel/ Accommodations | | | |

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82309-10000

[MEMO ITEM]

| | | | | |
|-----------------------------------|---|-----------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="9.55"/> | | <input type="text" value="9.56"/> | | <input type="text" value="19.11"/> |

C. Full Name (Last, First, Middle Initial)
Enterprise Rent A Car

Mailing Address
222 Mason St

| | | | |
|--|-------------|-------------------|-------------------|
| City San Francisco | State CA | Zip Code 94102 | Category/ Type |
| Purpose of Disbursement: Travel/ Accommodations | | | |

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82309-20000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="25.32"/> | | <input type="text" value="25.32"/> | | <input type="text" value="50.64"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Budget Rent A Car

Mailing Address
321 Mason St

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82309-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 38.79 | | 38.78 | | 77.57 |

B. Full Name (Last, First, Middle Initial)
Ultimate Grounds

Mailing Address
4225 Park Blvd

City State Zip Code
Oakland CA 94602

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82309-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.05 | | 2.05 | | 4.10 |

C. Full Name (Last, First, Middle Initial)
Ampco Parking

Mailing Address
1650 Mission St

City State Zip Code
San Francisco CA 94103

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82310-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 19.50 | | 19.50 | | 39.00 |

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Office World

Mailing Address
115 Cleveland St

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Eugene | OR | 97402 |

Purpose of Disbursement:
Office Supplies Expenses

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82311-10000

| | | | | |
|------------------------------------|---|------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="70.40"/> | | <input type="text" value="70.41"/> | | <input type="text" value="140.81"/> |

B. Full Name (Last, First, Middle Initial)
New Morning Bakery

Mailing Address
219 SW 2nd St

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97333 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82312-10000

| | | | | |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="1.77"/> | | <input type="text" value="1.78"/> | | <input type="text" value="3.55"/> |

C. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address
Airport

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94128 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82312-20000

| | | | | |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="2.75"/> | | <input type="text" value="2.75"/> | | <input type="text" value="5.50"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address
621 Se Grand Ave

City State Zip Code
Portland OR 97214

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82312-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 16.52 | | 16.51 | | 33.03 |

B. Full Name (Last, First, Middle Initial)
Enterprise

Mailing Address
1605 Sw Naito Pkwy

City State Zip Code
Portland OR 97201

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82312-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 69.63 | | 69.62 | | 139.25 |

C. Full Name (Last, First, Middle Initial)
Bridges Cafe

Mailing Address
2716 Ne M L King Blvd

City State Zip Code
Portland OR 97212

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82312-50000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 10.00 | | 10.00 | | 20.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Wildwood Restaurant

Mailing Address
2230 Nw Pettygrove St

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97210 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82312-60000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="16.00"/> | | <input type="text" value="16.00"/> | | <input type="text" value="32.00"/> |

B. Full Name (Last, First, Middle Initial)
Coffee People

Mailing Address
7000 Ne Airport Way

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97218 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82312-70000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="1.62"/> | | <input type="text" value="1.63"/> | | <input type="text" value="3.25"/> |

C. Full Name (Last, First, Middle Initial)
Chevron

Mailing Address
710 Sw Columbia St

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97201 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82312-80000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="4.00"/> | | <input type="text" value="4.00"/> | | <input type="text" value="8.00"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Best Western

Mailing Address
3019 N Coast Hwy

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Newport | OR | 97365 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82312-90000

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="41.56"/> | | <input type="text" value="41.55"/> | | <input type="text" value="83.11"/> |

B. Full Name (Last, First, Middle Initial)
Nordstrom

Mailing Address
701 Sw Broadway

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97205 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82312-100000

| | | | | |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="4.65"/> | | <input type="text" value="4.65"/> | | <input type="text" value="9.30"/> |

C. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address
Airport

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94128 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82312-120000

| | | | | |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="1.40"/> | | <input type="text" value="1.40"/> | | <input type="text" value="2.80"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Shell

Mailing Address
1201 Harrison St

City State Zip Code
San Francisco CA 94103

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82312-130000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 10.64 | | 10.65 | | 21.29 |

B. Full Name (Last, First, Middle Initial)
I Waitless

Mailing Address

City State Zip Code
Dulles VA

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82313-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 20.87 | | 20.87 | | 41.74 |

C. Full Name (Last, First, Middle Initial)
Corner Bakery

Mailing Address
1828 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82313-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 18.57 | | 18.58 | | 37.15 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Corner Bakery

Mailing Address
1828 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82313-30000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="3.57"/> | | <input type="text" value="3.57"/> | | <input type="text" value="7.14"/> |

B. Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address
7500 Airline Drive

City State Zip Code
Minneapolis MN 55450

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82314-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| <input type="text" value="159.80"/> | | <input type="text" value="159.80"/> | | <input type="text" value="319.60"/> |

C. Full Name (Last, First, Middle Initial)
Sizzling Express

Mailing Address
18th & M Streets NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-82314-20000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="2.57"/> | | <input type="text" value="2.56"/> | | <input type="text" value="5.13"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address
Detroit Intntl Airport

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Detroit | MI | 48242 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82314-30000

[MEMO ITEM]

| | | | | |
|-----------------------------------|---|-----------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="6.04"/> | | <input type="text" value="6.05"/> | | <input type="text" value="12.09"/> |

B. Full Name (Last, First, Middle Initial)
Airport Parking

Mailing Address
4000 International Ln

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Madison | WI | 53704 |

Purpose of Disbursement:
Parking Fees

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82314-40000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="14.00"/> | | <input type="text" value="14.00"/> | | <input type="text" value="28.00"/> |

C. Full Name (Last, First, Middle Initial)
Beacon Hotel

Mailing Address
1615 Rhode Island Ave NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement:
Travel/ Accommodations

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82314-50000

[MEMO ITEM]

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="276.86"/> | | <input type="text" value="276.85"/> | | <input type="text" value="553.71"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Au Bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82314-60000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 3.93 | | 3.94 | | 7.87 |

B. Full Name (Last, First, Middle Initial)
Popover Cafe

Mailing Address
551 Amsterdam Ave

City State Zip Code
New York NY 10024

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82315-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 17.48 | | 17.49 | | 34.97 |

C. Full Name (Last, First, Middle Initial)
Blacker & Kooby

Mailing Address
1204 Madison Ave

City State Zip Code
New York NY 10128

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82316-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 21.13 | | 21.13 | | 42.26 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Costco Wholesale

Mailing Address
10 Garet pl

| | | |
|-----------------|-------------|-------------------|
| City Commack | State NY | Zip Code 11725 |
|-----------------|-------------|-------------------|

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82316-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="14.66"/> | | <input type="text" value="14.66"/> | | <input type="text" value="29.32"/> |

B. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
441 Eighth Ave

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10001 |
|------------------|-------------|-------------------|

Purpose of Disbursement:
Postage

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82317-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| <input type="text" value="111.00"/> | | <input type="text" value="111.00"/> | | <input type="text" value="222.00"/> |

C. Full Name (Last, First, Middle Initial)
Insight Direct

Mailing Address
6351 W Hackmore Drive

| | | |
|------------------|-------------|-------------------|
| City Glendale | State AZ | Zip Code 85310 |
|------------------|-------------|-------------------|

Purpose of Disbursement:
Furniture & Computer Equipment

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82318-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| <input type="text" value="4894.71"/> | | <input type="text" value="4894.71"/> | | <input type="text" value="9789.42"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
AOL For Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82319-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.97 | | 4.98 | | 9.95 |

B. Full Name (Last, First, Middle Initial)
Antlers

Mailing Address
680 Lionshead PI

City State Zip Code
Vail CO 81657

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82320-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1407.20 | | 1407.21 | | 2814.41 |

C. Full Name (Last, First, Middle Initial)
Mackeys

Mailing Address
1823 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82329-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 22.49 | | 22.49 | | 44.98 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mackeys

Mailing Address
1823 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82329-20000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="12.14"/> | | <input type="text" value="12.15"/> | | <input type="text" value="24.29"/> |

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address
2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82330-10000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|-------------------------------------|
| <input type="text" value="68.45"/> | | <input type="text" value="68.45"/> | | <input type="text" value="136.90"/> |

C. Full Name (Last, First, Middle Initial)
Hilton

Mailing Address
1751 Hotel Plaza Blvd

City State Zip Code
Lake Buena Vista FL 32830

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82330-20000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="4.95"/> | | <input type="text" value="4.94"/> | | <input type="text" value="9.89"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
House of Blues

Mailing Address
1490 E Buena Vista Dr

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Lake Buena Vista | FL | 32830 |

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82330-30000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="30.80"/> | | <input type="text" value="30.81"/> | | <input type="text" value="61.61"/> |

B. Full Name (Last, First, Middle Initial)
Hilton

Mailing Address
1751 Hotel Plaza Blvd

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Lake Buena Vista | FL | 32830 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82330-40000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="4.98"/> | | <input type="text" value="4.97"/> | | <input type="text" value="9.95"/> |

C. Full Name (Last, First, Middle Initial)
Hilton

Mailing Address
1751 Hotel Plaza Blvd

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Lake Buena Vista | FL | 32830 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

Transaction ID: H4-82330-50000

Activity or Event Identifier:
[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="30.22"/> | | <input type="text" value="30.23"/> | | <input type="text" value="60.45"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Budget Rent A Car

Mailing Address
2195 W Colonial Dr

City State Zip Code
Orlando FL 32804

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82330-60000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 112.37 | | 112.37 | | 224.74 |

B. Full Name (Last, First, Middle Initial)
Washington Parking

Mailing Address
National Airport

City State Zip Code
Washington DC 20002

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82330-70000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 25.00 | | 25.00 | | 50.00 |

C. Full Name (Last, First, Middle Initial)
Warwick Hotel

Mailing Address
401 Lenora St

City State Zip Code
Seattle WA 98121

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82334-10000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.36 | | 30.36 | | 60.72 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Hotel Monaco

Mailing Address
1101 4th Ave

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Seattle | WA | 98101 |

Purpose of Disbursement:
Travel/ Accommodations

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82334-20000

[MEMO ITEM]

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="412.80"/> | | <input type="text" value="412.80"/> | | <input type="text" value="825.60"/> |

B. Full Name (Last, First, Middle Initial)
Beacon Hotel

Mailing Address
1615 Rhode Island Ave Nw

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement:
Catering/Facilities

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82335-40000

[MEMO ITEM]

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="1577.23"/> | | <input type="text" value="1577.23"/> | | <input type="text" value="3154.46"/> |

C. Full Name (Last, First, Middle Initial)
Papa Johns

Mailing Address
2523 Pennsylvania Ave Nw

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement:
Catering/Facilities

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82335-50000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="64.62"/> | | <input type="text" value="64.62"/> | | <input type="text" value="129.24"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Headsets.com
Mailing Address
1 Daniel Burnham Crt
City San Francisco **State** CA **Zip Code** 94109
Purpose of Disbursement:
Office Supplies Expenses

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82336-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 143.95 | | 143.95 | | 287.90 |

B. Full Name (Last, First, Middle Initial)
KMart
Mailing Address
6411 Riggs Rd
City Hyattsville **State** MD **Zip Code** 20783
Purpose of Disbursement:
Office Supplies Expenses

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82336-20000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 14.43 | | 14.44 | | 28.87 |

C. Full Name (Last, First, Middle Initial)
Snapfish
Mailing Address
731 Market St
City San Francisco **State** CA **Zip Code** 94103
Purpose of Disbursement:
Office Supplies Expenses

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82337-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.59 | | 2.60 | | 5.19 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
WMata

Mailing Address
600 5th St Nw

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Local Transportation

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82338-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 457.50 | | 457.50 | | 915.00 |

B. Full Name (Last, First, Middle Initial)
Rhode Island Comm Service

Mailing Address
50 Houghton Street

City State Zip Code
Providence RI 02904

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82339-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 24.98 | | 24.97 | | 49.95 |

C. Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address
7500 Airline Dr

City State Zip Code
Minneapolis MN 55450

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82339-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 89.20 | | 89.20 | | 178.40 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Giant Food

Mailing Address
1414 8th St Nw

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82339-50000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 11.76 | | 11.77 | | 23.53 |

B. Full Name (Last, First, Middle Initial)
Giant Food

Mailing Address
1414 8th St Nw

City State Zip Code
Washington DC 20001

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82339-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 12.69 | | 12.69 | | 25.38 |

C. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address
2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82339-70000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 139.20 | | 139.20 | | 278.40 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address
PO Box 619612

City State Zip Code
DFW Airport TX 75261

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82340-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 118.95 | | 118.95 | | 237.90 |

B. Full Name (Last, First, Middle Initial)
Orbitz

Mailing Address
200 S Wacker Drive

City State Zip Code
Chicago IL 60606

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82340-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.99 | | 3.00 | | 5.99 |

C. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
1390 Market St

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82344-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 209.50 | | 209.50 | | 419.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
1390 Market St

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82344-20000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.17 | | 4.17 | | 8.34 |

B. Full Name (Last, First, Middle Initial)
Lux Hotel

Mailing Address
11461 W Sunset Blvd

City State Zip Code
Los Angeles CA 90049

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82345-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 137.37 | | 137.37 | | 274.74 |

C. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82351-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 11.95 | | 11.95 | | 23.90 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82351-20000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 11.95 | | 11.95 | | 23.90 |

B. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82351-30000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 11.95 | | 11.95 | | 23.90 |

C. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82351-40000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 11.95 | | 11.95 | | 23.90 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| 0.00 | 0.00 | 0.00 |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82351-50000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 11.95 | | 11.95 | | 23.90 |

B. Full Name (Last, First, Middle Initial)
GreenStreet Cafe

Mailing Address
3110 Commodore Plz

City State Zip Code
Miami FL 33133

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82355-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 16.21 | | 16.22 | | 32.43 |

C. Full Name (Last, First, Middle Initial)
Positano

Mailing Address
8995 W Colonial Dr

City State Zip Code
Ocoee FL 34761

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82355-20000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 21.28 | | 21.28 | | 42.56 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
200 S Biscayne Blvd

City State Zip Code
Miami FL 33131

Purpose of Disbursement:
Postage

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 01 / 12 / 2006

Transaction ID: H4-82356-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.93 | | 7.93 | | 15.86 |

B. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
200 S Biscayne Blvd

City State Zip Code
Miami FL 33131

Purpose of Disbursement:
Postage

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 01 / 12 / 2006

Transaction ID: H4-82356-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 14.80 | | 14.80 | | 29.60 |

C. Full Name (Last, First, Middle Initial)
REal.com

Mailing Address
PO Box 91123

City State Zip Code
Seattle WA 98111

Purpose of Disbursement:
Publication & Dues

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
0.00

Date 01 / 12 / 2006

Transaction ID: H4-82357-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 6.89 | | 6.89 | | 13.78 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address
5565 Glenridge Connector

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82358-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 84.00 | | 84.01 | | 168.01 |

B. Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address
Airport Service Rd

City State Zip Code
Tampa FL 33607

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82359-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 76.60 | | 76.61 | | 153.21 |

C. Full Name (Last, First, Middle Initial)
Doubletree Hotel

Mailing Address
1515 Rhode Island Ave

City State Zip Code
Washington DC 20005

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82359-30000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 268.12 | | 268.11 | | 536.23 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Miami Parking

Mailing Address
Miami Airport

| | | | |
|-------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Miami | FL | 33299 | |

Purpose of Disbursement:
Parking Fees

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-40000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="16.00"/> | | <input type="text" value="16.00"/> | | <input type="text" value="32.00"/> |

B. Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address
9909 Airtran Blvd

| | | | |
|---------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Orlando | FL | 32827 | |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-60000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="49.72"/> | | <input type="text" value="49.73"/> | | <input type="text" value="99.45"/> |

C. Full Name (Last, First, Middle Initial)
Miami Parking

Mailing Address
Miami Airport

| | | | |
|-------|-------|----------|-------------------|
| City | State | Zip Code | Category/ Type |
| Miami | FL | 33299 | |

Purpose of Disbursement:
Parking Fees

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-70000

[MEMO ITEM]

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="12.00"/> | | <input type="text" value="12.00"/> | | <input type="text" value="24.00"/> |

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)(i))

| | | |
|-------------------------------|-------------------------------|-------------------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ames International

Mailing Address
4401 Industry Dr

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Fife | WA | 98424 |

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-80000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|-------------------------------------|
| <input type="text" value="85.84"/> | | <input type="text" value="85.84"/> | | <input type="text" value="171.68"/> |

B. Full Name (Last, First, Middle Initial)
Office Max

Mailing Address
19650 South Dixie Highway

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Cutler Ridge | FL | 33157 |

Purpose of Disbursement:
Office Supplies Expenses

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-90000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="15.29"/> | | <input type="text" value="15.29"/> | | <input type="text" value="30.58"/> |

C. Full Name (Last, First, Middle Initial)
Miami Parking

Mailing Address
Miami Airport

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Miami | FL | 33299 |

Purpose of Disbursement:
Parking Fees

Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /
Transaction ID: H4-82359-100000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="2.68"/> | | <input type="text" value="2.67"/> | | <input type="text" value="5.35"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
500 NW 2nd Ave

City State Zip Code
Miami FL 33101

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82359-110000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1.92 | | 1.93 | | 3.85 |

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address
PO Box 4009

City State Zip Code
Silver Spring MD 20914

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82362-10000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 40.23 | | 40.23 | | 80.46 |

C. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address
5565 Glenridge Connector

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82362-20000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 24.70 | | 24.71 | | 49.41 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Wayport

Mailing Address
4509 Freidrich Lane

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Austin | TX | 78744 |

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82367-10000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.95 | | 12.95 | | 25.90 |

B. Full Name (Last, First, Middle Initial)
Main & Mission

Mailing Address
123 Mission

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94102 |

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82368-10000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.00 | | 8.00 | | 16.00 |

C. Full Name (Last, First, Middle Initial)
Embarcadero Center

Mailing Address
3 Embarcadero Ctr

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94111 |

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: H4-82368-20000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.50 | | 4.50 | | 9.00 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Main & Mission

Mailing Address
123 Mission

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82368-30000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.50 | | 12.50 | | 25.00 |

B. Full Name (Last, First, Middle Initial)
Main & Mission

Mailing Address
123 Mission

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82368-40000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.50 | | 12.50 | | 25.00 |

C. Full Name (Last, First, Middle Initial)
Rincon Center

Mailing Address
121 Spear St

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82368-50000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.75 | | 14.75 | | 29.50 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Main & Mission

Mailing Address
123 Mission

City State Zip Code
San Francisco CA 94102

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82368-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 12.50 | | 12.50 | | 25.00 |

B. Full Name (Last, First, Middle Initial)
Amazon.com

Mailing Address
PO Box 81226

City State Zip Code
Seattle WA 98108

Purpose of Disbursement:
Office Supplies Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82369-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 128.74 | | 128.74 | | 257.48 |

C. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address
5565 Glenridge Connector

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82370-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 92.17 | | 92.18 | | 184.35 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Cingular

Mailing Address
5565 Glenridge Connector

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement:
Telephone

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 .00

Date / /

Activity or Event Identifier:
[MEMO ITEM]

Transaction ID: H4-82370-20000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| <input type="text" value="106.28"/> | | <input type="text" value="106.27"/> | | <input type="text" value="212.55"/> |

B. Full Name (Last, First, Middle Initial)
Union 76

Mailing Address
1301 Divisadero St

City State Zip Code
San Francisco CA 94115

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 .00

Date / /

Activity or Event Identifier:
[MEMO ITEM]

Transaction ID: H4-82371-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="10.44"/> | | <input type="text" value="10.44"/> | | <input type="text" value="20.88"/> |

C. Full Name (Last, First, Middle Initial)
Taqueria

Mailing Address
1130 Lucretia Ave

City State Zip Code
San Jose CA 95122

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 .00

Date / /

Activity or Event Identifier:
[MEMO ITEM]

Transaction ID: H4-82371-20000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| <input type="text" value="13.97"/> | | <input type="text" value="13.98"/> | | <input type="text" value="27.95"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Blackberry Bistro

Mailing Address
4240 Park Blvd

City State Zip Code
Oakland CA 94602

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 5.57 | | 5.58 | | 11.15 |

B. Full Name (Last, First, Middle Initial)
Oakland Airport

Mailing Address
1 Airport Drive

City State Zip Code
Oakland CA 94621

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.08 | | 4.08 | | 8.16 |

C. Full Name (Last, First, Middle Initial)
Yellow Cab

Mailing Address
1200 Mississippi

City State Zip Code
San Francisco CA 94107

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-50000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 32.50 | | 32.50 | | 65.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ultimate Grounds

Mailing Address
4225 Park Blvd

City State Zip Code
Oakland CA 94602

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-60000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.38 | | 4.37 | | 8.75 |

B. Full Name (Last, First, Middle Initial)
Starbucks

Mailing Address
1734 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-70000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.27 | | 4.27 | | 8.54 |

C. Full Name (Last, First, Middle Initial)
Au bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82371-80000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.82 | | 3.83 | | 7.65 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Beacon Bar & Grill

Mailing Address
1615 Rhode Island Ave Nw

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-90000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 22.09 | | 22.09 | | 44.18 |

B. Full Name (Last, First, Middle Initial)
Doubletree Hotel

Mailing Address
1515 Rhode Island Ave NW

City State Zip Code
Washington DC 20005

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-100000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 314.94 | | 314.93 | | 629.87 |

C. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address
Dulles Airport

City State Zip Code
Dulles VA 20166

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-110000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 3.87 | | 3.87 | | 7.74 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Au bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-120000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.93 | | 4.93 | | 9.86 |

B. Full Name (Last, First, Middle Initial)
Washington Flyer

Mailing Address
National Airport

City State Zip Code
Arlington VA 22201

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-130000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 27.53 | | 27.53 | | 55.06 |

C. Full Name (Last, First, Middle Initial)
Cal Gas

Mailing Address
95 S White Rd

City State Zip Code
San Jose CA 95127

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 12 / 2006

Transaction ID: H4-82371-140000

Activity or Event Identifier:

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 5.50 | | 5.50 | | 11.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
High Noon
Mailing Address
18th & M Street NW
City State Zip Code
Washington DC 20036
Purpose of Disbursement:
Catering/Facilities

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82375-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 35.38 | | 35.38 | | 70.76 |

B. Full Name (Last, First, Middle Initial)
Ritz Camera
Mailing Address
1750 L St Nw
City State Zip Code
Washington DC 20036
Purpose of Disbursement:
Office Supplies Expenses

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82376-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 9.93 | | 9.93 | | 19.86 |

C. Full Name (Last, First, Middle Initial)
Wendys
Mailing Address
2007 Durham Dr
City State Zip Code
Houston TX 77007
Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
.00

Activity or Event Identifier:
[MEMO ITEM]

Date 01 / 12 / 2006
Transaction ID: H4-82377-10000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 1.07 | | 1.07 | | 2.14 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Cosmopolitan Cafe
Mailing Address
121 Spear St
City State Zip Code
San Francisco CA 94105
Purpose of Disbursement:
Travel/Accommodation /Meals
Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 01 / 12 / 2006
Transaction ID: H4-82378-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 24.93 | | 24.93 | | 49.86 |

B. Full Name (Last, First, Middle Initial)
Doubletree Hotel
Mailing Address
1515 Rhode Island Ave NW
City State Zip Code
Washington DC 20015
Purpose of Disbursement:
Travel/ Accommodations
Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 01 / 12 / 2006
Transaction ID: H4-82379-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 100.27 | | 100.27 | | 200.54 |

C. Full Name (Last, First, Middle Initial)
C&C Limosuines
Mailing Address
Oakland Airport
City State Zip Code
Oakland CA 94621
Purpose of Disbursement:
Travel/ Accommodations
Activity or Event Identifier:

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
Date 01 / 12 / 2006
Transaction ID: H4-82379-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 96.10 | | 96.10 | | 192.20 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
C&C Limosuines

Mailing Address
Oakland Airport

City State Zip Code
Oakland CA 94621

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82379-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 86.10 | | 86.10 | | 172.20 |

B. Full Name (Last, First, Middle Initial)
Luxe Hotel

Mailing Address
Rodeo Drive

City State Zip Code
Los Angeles CA 90049

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82379-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 144.90 | | 144.91 | | 289.81 |

C. Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address
888 S Figueroa St

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82379-50000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 48.56 | | 48.56 | | 97.12 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
C&C Limosuines

Mailing Address
Oakland Airport

City State Zip Code
Oakland CA 94621

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-82379-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 41.80 | | 41.80 | | 83.60 |

B. Full Name (Last, First, Middle Initial)
Comcast

Mailing Address
West Leeds Ave

City State Zip Code
Pleasantville NJ 08232

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82515-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 22.97 | | 22.98 | | 45.95 |

C. Full Name (Last, First, Middle Initial)
Verizon DSL

Mailing Address
1095 Ave of Americas

City State Zip Code
New York NY 10036

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82524-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 18.91 | | 18.92 | | 37.83 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
401 Franklin St

City State Zip Code
Houston TX 77201

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82526-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 6.82 | | 6.83 | | 13.65 |

B. Full Name (Last, First, Middle Initial)
Time Warner

Mailing Address
PO Box 172567

City State Zip Code
Denver CO 80217

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 27.17 | | 27.17 | | 54.34 |

C. Full Name (Last, First, Middle Initial)
MCI

Mailing Address
PO Box 17890

City State Zip Code
Denver CO 80217

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 23.81 | | 23.81 | | 47.62 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
SBC

Mailing Address
175 E Houston

City State Zip Code
San Antonio TX 78258

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-30000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 37.17 | | 37.16 | | 74.33 |

B. Full Name (Last, First, Middle Initial)
AOL

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-40000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.47 | | 7.48 | | 14.95 |

C. Full Name (Last, First, Middle Initial)
AOL

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-50000

[MEMO ITEM]

| 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 |
|---------------|---|------------------|---|--------------|
| 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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
AOL

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82527-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.47 | | 7.48 | | 14.95 |

B. Full Name (Last, First, Middle Initial)
Whole Foods

Mailing Address
P Street NW

City State Zip Code
Washington DC 20009

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82528-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 10.45 | | 10.46 | | 20.91 |

C. Full Name (Last, First, Middle Initial)
Houston Limo

Mailing Address
South Houston

City State Zip Code
Houston TX 77002

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82528-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 35.00 | | 35.00 | | 70.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Taxi Cab

Mailing Address

City State Zip Code
Washington DC

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-30000

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
15.00 15.00 30.00

B. Full Name (Last, First, Middle Initial)
Blue Ginger Coffee

Mailing Address

7800 Airport Blvd

City State Zip Code
Houston TX 77061

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-40000

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
5.45 5.45 10.90

C. Full Name (Last, First, Middle Initial)
Doubletree Hotel

Mailing Address

1515 Rhode Island Ave

City State Zip Code
Washington DC 20005

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-50000

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
210.71 210.71 421.42

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)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
New South Parking

Mailing Address
PO Box 80751

City State Zip Code
Houston TX 77206

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 6.50 | | 6.50 | | 13.00 |

B. Full Name (Last, First, Middle Initial)
Schlotzsky Deli

Mailing Address
Austin Bergstrom Airport

City State Zip Code
Austin TX 78719

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-70000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.24 | | 4.24 | | 8.48 |

C. Full Name (Last, First, Middle Initial)
Starbucks

Mailing Address
10th & Congress

City State Zip Code
Austin TX 78701

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-80000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.33 | | 4.33 | | 8.66 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Taxi Cab

Mailing Address

City State Zip Code
Washington DC

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-90000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 9.00 | | 9.00 | | 18.00 |

B. Full Name (Last, First, Middle Initial)
Taxi Cab

Mailing Address

City State Zip Code
Washington DC

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-100000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.50 | | 7.50 | | 15.00 |

C. Full Name (Last, First, Middle Initial)
Houston Limo

Mailing Address

South Houston

City State Zip Code
Houston TX 77002

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Date 01 / 19 / 2006

Transaction ID: H4-82528-110000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 32.50 | | 32.50 | | 65.00 |

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address
PO Box 96088

City State Zip Code
Bellevue WA 98009

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82549-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 54.30 | | 54.30 | | 108.60 |

B. Full Name (Last, First, Middle Initial)
SBC

Mailing Address
175 E Houston

City State Zip Code
San Antonio TX 78258

Purpose of Disbursement:
Telephone

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 19 / 2006

Transaction ID: H4-82549-20000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 10.00 | | 10.00 | | 20.00 |

C. Full Name (Last, First, Middle Initial)
Judy Loeb Goldfien

Mailing Address
50 East 89th 6E

City State Zip Code
New York NY 10128

Purpose of Disbursement:
Rent

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 26 / 2006

Transaction ID: H4-82622-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 300.00 | | 300.00 | | 600.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Gerald Merfish

Mailing Address
PO Box 15879

City State Zip Code
Houston TX 77220

Purpose of Disbursement:
Rent

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 26 / 2006

Transaction ID: H4-82628-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 300.00 | | 300.00 | | 600.00 |

B. Full Name (Last, First, Middle Initial)
AOL for Broadband

Mailing Address
8619 Westwood Center Drive

City State Zip Code
Vienna VA 22182

Purpose of Disbursement:
Internet Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83257-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 7.47 | | 7.48 | | 14.95 |

C. Full Name (Last, First, Middle Initial)
Bogarts

Mailing Address
510 Glenwood Ave

City State Zip Code
Raleigh NC 27603

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.07 | | 2.08 | | 4.15 |

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
HMS Host

Mailing Address
5501 Josh Birmingham

City State Zip Code
Charlotte NC 28208

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83258-20000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|------------------------------------|
| <input type="text" value="5.33"/> | | <input type="text" value="5.34"/> | | <input type="text" value="10.67"/> |

B. Full Name (Last, First, Middle Initial)
Sizzling Express

Mailing Address
1801 M Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83258-30000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|------------------------------------|
| <input type="text" value="6.32"/> | | <input type="text" value="6.32"/> | | <input type="text" value="12.64"/> |

C. Full Name (Last, First, Middle Initial)
Au Bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83258-40000

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="text" value="3.01"/> | | <input type="text" value="3.00"/> | | <input type="text" value="6.01"/> |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Smith & Wollensky

Mailing Address
1112 19th St NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-50000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 66.97 | | 66.98 | | 133.95 |

B. Full Name (Last, First, Middle Initial)
Sizzling Express

Mailing Address
1801 M Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-60000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 4.22 | | 4.21 | | 8.43 |

C. Full Name (Last, First, Middle Initial)
Au Bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-70000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.13 | | 2.12 | | 4.25 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Papa Johns

Mailing Address
1218 Connecticut Ave NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-80000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 48.56 | | 48.57 | | 97.13 |

B. Full Name (Last, First, Middle Initial)
Au Bon Pain

Mailing Address
1732 L Street NW

City State Zip Code
Washington DC 20036

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83258-90000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 2.24 | | 2.24 | | 4.48 |

C. Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address
175 Danielson Pike

City State Zip Code
North Scituate RI 02857

Purpose of Disbursement:
Postage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83259-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 18.50 | | 18.50 | | 37.00 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address
1016 Rental Car Rd

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Raleigh | NC | 27623 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83260-10000

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="39.46"/> | | <input type="text" value="39.45"/> | | <input type="text" value="78.91"/> |

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address
2345 Crystal Drive

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22227 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83260-20000

| | | | | |
|------------------------------------|---|------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="50.00"/> | | <input type="text" value="50.00"/> | | <input type="text" value="100.00"/> |

C. Full Name (Last, First, Middle Initial)
Beacon Hotel

Mailing Address
1615 Rhode Island Ave Nw

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20009 |

Purpose of Disbursement:
Travel/ Accommodations

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Activity or Event Identifier:
[MEMO ITEM]

Date / /
Transaction ID: H4-83260-30000

| | | | | |
|------------------------------------|---|------------------------------------|---|------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="19.63"/> | | <input type="text" value="19.64"/> | | <input type="text" value="39.27"/> |

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)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
The Parking Company

Mailing Address
233 Weybosset St

City State Zip Code
Providence RI 02903

Purpose of Disbursement:
Parking Fees

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83260-40000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 40.00 | | 40.00 | | 80.00 |

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address
2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83260-50000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 104.90 | | 104.90 | | 209.80 |

C. Full Name (Last, First, Middle Initial)
Expedia

Mailing Address
13810 Se Eastgate Way

City State Zip Code
Bellevue WA 98005

Purpose of Disbursement:
Travel/ Accommodations

Category/
Type

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 05 / 2006

Transaction ID: H4-83260-60000

[MEMO ITEM]

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 129.90 | | 129.90 | | 259.80 |

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)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
PayPal

Mailing Address
PO Box 45980

City State Zip Code
Omaha NE 68145

Purpose of Disbursement:
Computer Supplies/Software

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 01 / 12 / 2006

Transaction ID: H4-83583-10000

[MEMO ITEM]

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 14.97 | | 14.98 | | 29.95 |

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)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 340573.98 | 340575.49 | 681149.47 |

**SCHEDULE 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 175 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82769 |
| Mailing Address 1501 Pennsylvania Ave. NW | | Date of Disbursement MM / DD / YYYY 01 / 03 / 2006 |
| City Washington | State DC | Amount of Each Disbursement this Period 44.95 |
| Zip Code 20005 | | |
| Purpose of Disbursement Bank Charges | 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. American Express | | Transaction ID: SB21B-83232 |
| Mailing Address P.O. Box 0001 | | Date of Disbursement MM / DD / YYYY 01 / 03 / 2006 |
| City Chicago | State IL | Amount of Each Disbursement this Period 73.50 |
| Zip Code 60679 | | |
| Purpose of Disbursement Credit Card Service Charges | 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) C. Bank of America | | Transaction ID: SB21B-83231 |
| Mailing Address 1501 Pennsylvania Ave. NW | | Date of Disbursement MM / DD / YYYY 01 / 03 / 2006 |
| City Washington | State DC | Amount of Each Disbursement this Period 4668.39 |
| Zip Code 20005 | | |
| Purpose of Disbursement Credit Card Service Charges | 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) | 4786.84 |
| 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 176 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83233 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 195.97 |
| City Chicago State IL Zip Code 60679 | Purpose of Disbursement Credit Card Service Charges 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U. S. Postal Service | | Transaction ID: SB21B-82293 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1400 L Street NW | | Amount of Each Disbursement this Period -37.00 |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement Void Check 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-82244 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 24.47 |
| City Chicago State IL Zip Code 60679-0001 | Purpose of Disbursement Copying/Faxing 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 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 183.44 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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. American Express | | Transaction ID: SB21B-82245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 5852.92 |
| City Chicago State IL Zip Code 60679-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals | | Category/ Type |
| 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) ▼ |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Faith B. Kerr | | Transaction ID: SB21B-82259 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 44 Summit Street | | Amount of Each Disbursement this Period 7.00 |
| City Ivoryton State CT Zip Code 06442 | Category/ Type | |
| Purpose of Disbursement Copy Writer | | |
| 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) ▼ |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. Faith B. Kerr | | Transaction ID: SB21B-82260 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 44 Summit Street | | Amount of Each Disbursement this Period 35.00 |
| City Ivoryton State CT Zip Code 06442 | Category/ Type | |
| Purpose of Disbursement Copy Writer | | |
| 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5894.92 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82261 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 439 | | Amount of Each Disbursement this Period 1723.11 |
| City Sumas State WA Zip Code 98295-0439 | Purpose of Disbursement Data Management Candidate Name Category/Type | |
| 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. Pacific East | | Transaction ID: SB21B-82262 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 439 | | Amount of Each Disbursement this Period 400.00 |
| City Sumas State WA Zip Code 98295-0439 | Purpose of Disbursement Data Management Candidate Name Category/Type | |
| 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) C. Pacific East | | Transaction ID: SB21B-82263 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 439 | | Amount of Each Disbursement this Period 255.95 |
| City Sumas State WA Zip Code 98295-0439 | Purpose of Disbursement Data Management Candidate Name Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2379.06 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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. Production Solutions, Inc. | | Transaction ID: SB21B-82264 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 50.86 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries 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. Production Solutions, Inc. | | Transaction ID: SB21B-82265 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 900.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82266 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1100.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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) ▶ | 2050.86 |
| 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 180 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82267 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 189.61 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries | Candidate Name | Category/ Type |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82268 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 2910.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing | Candidate Name | Category/ Type |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82269 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 0.15 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries | Candidate Name | Category/ Type |
| 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) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3099.76 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 0.87 |
| City Vienna State VA Zip Code 22182 | Purpose of Disbursement Deliveries Candidate Name Category/Type | |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82271 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 8.03 |
| City Vienna State VA Zip Code 22182 | Purpose of Disbursement Deliveries Candidate Name Category/Type | |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82272 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 21.41 |
| City Vienna State VA Zip Code 22182 | Purpose of Disbursement Deliveries Candidate Name Category/Type | |
| 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) ▼ | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 30.31 |
| 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 182 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82273 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 191.33 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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. Production Solutions, Inc. | | Transaction ID: SB21B-82274 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1109.63 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82275 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 3502.23 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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) ▶ | 4803.19 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82276 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 10806.84 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing | Category/ Type | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Production Solutions, Inc. | | Transaction ID: SB21B-82277 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 35.49 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries | Category/ Type | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Production Solutions, Inc. | | Transaction ID: SB21B-82278 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 550.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense | Category/ Type | |
| 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) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11392.33 |
| 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 184 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82279 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 550.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing | Category/ Type | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Production Solutions, Inc. | | Transaction ID: SB21B-82280 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 241.72 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries | Category/ Type | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Production Solutions, Inc. | | Transaction ID: SB21B-82281 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 851.70 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense | Category/ Type | |
| 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) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1643.42 |
| 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 185 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82282 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 750.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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. Production Solutions, Inc. | | Transaction ID: SB21B-82283 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1620.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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) C. Sujata Tejwani | | Transaction ID: SB21B-82284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 50 West 77th Street #5G | | Amount of Each Disbursement this Period 4500.00 |
| City New York State NY Zip Code 10024 | | |
| Purpose of Disbursement Consulting Training 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6870.00 |
| 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)

PAGE 186 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sujata Tejwani | | Transaction ID: SB21B-82285 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 50 West 77th Street #5G | | Amount of Each Disbursement this Period 613.27 |
| City New York State NY Zip Code 10024 | | |
| Purpose of Disbursement Consulting Training | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. WebSideStory | | Transaction ID: SB21B-82288 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address Dept. 33793 P.O. Box 39000 | | Amount of Each Disbursement this Period 4961.50 |
| City San Francisco State CA Zip Code 94139 | | |
| Purpose of Disbursement Internet Services | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Karen White | | Transaction ID: SB21B-82289 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1334 Walnut Avenue | | Amount of Each Disbursement this Period 34.06 |
| City Annapolis State MD Zip Code 21403 | | |
| Purpose of Disbursement Local Transportation | | Category/ Type |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5608.83 |
| 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 187 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. Karen White | | Transaction ID: SB21B-82290 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1334 Walnut Avenue | | Amount of Each Disbursement this Period 13.40 |
| City Annapolis State MD Zip Code 21403 | See Attached Memo Entry | |
| Purpose of Disbursement Telephone Candidate Name | | Category/Type |
| 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. NCEC Services Inc. | | Transaction ID: SB21B-82292 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 122 C Street, NW #650 | | Amount of Each Disbursement this Period 12500.00 |
| City Washington State DC Zip Code 20001 | See Attached Memo Entry | |
| Purpose of Disbursement Consulting Political Candidate Name | | Category/Type |
| 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) C. American Express | | Transaction ID: SB21B-83234 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 44.40 |
| City Chicago State IL Zip Code 60679 | See Attached Memo Entry | |
| Purpose of Disbursement Credit Card Service Charges Candidate Name | | Category/Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 12557.80 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83235 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 345.01 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Delancey Street Foundation | | Transaction ID: SB21B-82294 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 600 Embarcadero | | Amount of Each Disbursement this Period 3000.00 |
| City San Francisco State CA Zip Code 94107 | Category/ Type | |
| Purpose of Disbursement Catering/Facilities | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-83236 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 385.79 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3730.80 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83237 | |
| Mailing Address P.O. Box 0001 | | Date of Disbursement 01 / 10 / 2006 | |
| City Chicago | State IL | Zip Code 60679 | Amount of Each Disbursement this Period 204.12 |
| Purpose of Disbursement Credit Card Service Charges | | 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. Paychex | | Transaction ID: SB21B-83531 | |
| Mailing Address 3060 Williams Drive #300 | | Date of Disbursement 01 / 10 / 2006 | |
| City Fairfax | State VA | Zip Code 22031 | Amount of Each Disbursement this Period 552.23 |
| Purpose of Disbursement Payroll Service | | 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: | | | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-83238 | |
| Mailing Address P.O. Box 0001 | | Date of Disbursement 01 / 11 / 2006 | |
| City Chicago | State IL | Zip Code 60679 | Amount of Each Disbursement this Period 94.80 |
| Purpose of Disbursement Credit Card Service Charges | | 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: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 851.15 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. GSI - Gordon & Schwenkmeyer Full Name (Last, First, Middle Initial) Mailing Address 300 N Sepulveda Blvd #2050 City El Segundo State CA Zip Code 90245 Purpose of Disbursement Contribution Processing 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) ▼ | | Transaction ID: SB21B-83381 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 8647.50 Category/Type |
|---|--|---|

| | | |
|--|--|---|
| B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 360001 City Ft Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82303 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 446.34 See Attached Memo Entry Category/Type |
|--|--|---|

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|---|--|---|
| C. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 360001 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) ▼ | | Transaction ID: SB21B-82308 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 146.41 See Attached Memo Entry Category/Type |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 9240.25 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82321 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 2103.40 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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. American Express | | Transaction ID: SB21B-82322 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 63.82 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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) C. American Express | | Transaction ID: SB21B-82323 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 845.50 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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) ▼ |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3012.72 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82324 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 186.33 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Event Supplies 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. American Express | | Transaction ID: SB21B-82325 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 98.97 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Event Supplies 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) C. American Express | | Transaction ID: SB21B-82326 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 148.00 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Postage 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 |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 433.30 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82327 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 13.74 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Office Supplies Expenses | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B-82328 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 374.20 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Printing | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-82331 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 131.02 |
| City Chicago State IL Zip Code 60679-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals | | Category/ Type |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 518.96 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82332 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 611.43 |
| City Chicago State IL Zip Code 60679-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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. American Express | | Transaction ID: SB21B-82333 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 20.57 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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) C. American Express | | Transaction ID: SB21B-82341 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 1092.10 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1724.10 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82346 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 36001 | | Amount of Each Disbursement this Period 111.00 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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) ▼ |

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|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B-82347 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 99.79 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals/Office Candidate Name | | Category/Type |
| 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) ▼ |

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|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-82348 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 481.47 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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) ▼ |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 692.26 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82349 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 383.22 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Printing Candidate Name Category/Type | |
| 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. American Express | | Transaction ID: SB21B-82352 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P.O. Box 1270 | | Amount of Each Disbursement this Period 380.38 |
| City Newark State NJ Zip Code 07101-1270 | Purpose of Disbursement Travel/Accommodation /Meals/Office Candidate Name Category/Type | |
| 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) C. American Express | | Transaction ID: SB21B-82353 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P.O. Box 1270 | | Amount of Each Disbursement this Period 2629.74 |
| City Newark State NJ Zip Code 07101-1270 | Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Category/Type | |
| 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 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3393.34 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 197 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82354 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 265.84 |
| City Chicago State IL Zip Code 60679-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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. American Express | | Transaction ID: SB21B-82360 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 550.54 |
| City Fort Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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) C. American Express | | Transaction ID: SB21B-82361 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 995.73 |
| City Ft. Lauderdale State FL Zip Code 33336-0001 | See Attached Memo Entry | |
| Purpose of Disbursement Travel/Accommodation /Meals/Office Candidate Name | | Category/Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1812.11 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82363 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 283.34 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Catering/Facilities 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. American Express | | Transaction ID: SB21B-82364 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 701.88 |
| 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) C. American Express | | Transaction ID: SB21B-82365 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 50.23 |
| 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 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1035.45 |
| 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 199 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82366 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 16.85 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Office Supplies Expenses Candidate Name Category/Type | |
| 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. American Express | | Transaction ID: SB21B-82372 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 24.97 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Category/Type | |
| 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) C. American Express | | Transaction ID: SB21B-82373 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 31.03 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Category/Type | |
| 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 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 72.85 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82380 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 91.10 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Category/ Type | |
| Purpose of Disbursement Internet Services | | |
| 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. American Express | | Transaction ID: SB21B-82381 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 3.71 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Category/ Type | |
| Purpose of Disbursement Postage | | |
| 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) C. American Express | | Transaction ID: SB21B-82382 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 1750.23 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Category/ Type | |
| 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 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1845.04 |
| 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)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Beaconfire Consulting Inc. | | Transaction ID: SB21B-82384 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2300 Clarendon Blvd Suite 1100 | | Amount of Each Disbursement this Period 770.00 |
| City Arlington State VA Zip Code 22201 | | |
| Purpose of Disbursement Internet Services 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. Big Sky Copywriting, Inc. | | Transaction ID: SB21B-82386 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 6710 Linda Vista Blvd. | | Amount of Each Disbursement this Period 2187.50 |
| City Missoula State MT Zip Code 59803 | | |
| Purpose of Disbursement Copy Writer 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) C. Bulletproof | | Transaction ID: SB21B-82387 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1840 41st Ave, #102-333 | | Amount of Each Disbursement this Period 85.00 |
| City Capitola State CA Zip Code 95010 | | |
| Purpose of Disbursement Copy Writer 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: | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3042.50 |
| 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 202 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Cartoonist Group | | Transaction ID: SB21B-82388 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 3163 | | Amount of Each Disbursement this Period 175.00 |
| City Manhattan Beach | State CA Zip Code 90266 | |
| Purpose of Disbursement Copy Writer | | 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. Getactive Software, Inc. Attn: Billing Dept | | Transaction ID: SB21B-82396 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2855 Telegraph Ave, Ste 600 | | Amount of Each Disbursement this Period 3000.00 |
| City Berkeley | State CA Zip Code 94705 | |
| Purpose of Disbursement Internet Services | | 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) C. Eureka Gilkey | | Transaction ID: SB21B-82397 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 930 M Street, NW #804 | | Amount of Each Disbursement this Period 58.00 |
| City Washington | State DC Zip Code 20001 | |
| Purpose of Disbursement Travel/ Accommodations | | 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: | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3233.00 |
| 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)

PAGE 203 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Faith B. Kerr | | Transaction ID: SB21B-82402 Date of Disbursement 01 / 12 / 2006 | |
| Mailing Address 44 Summit Street | | Amount of Each Disbursement this Period 122.50 | |
| City Ivoryton State CT Zip Code 06442 | Purpose of Disbursement Copy Writer Candidate Name | Category/ Type | |
| 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. Lexis Nexis | | Transaction ID: SB21B-82403 Date of Disbursement 01 / 12 / 2006 | |
| Mailing Address P. O. Box 7247-7090 | | Amount of Each Disbursement this Period 3632.57 | |
| City Philadelphia State PA Zip Code 19170 | Purpose of Disbursement Computer Services Candidate Name | Category/ Type | |
| 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) C. Multi-Racial Unity Living Expr c/o Jeanne Gazel | | Transaction ID: SB21B-82406 Date of Disbursement 01 / 12 / 2006 | |
| Mailing Address 1 West Owen Hall | | Amount of Each Disbursement this Period 1273.58 | |
| City East Lansing State MI Zip Code 48825 | Purpose of Disbursement Catering/Facilities Candidate Name | Category/ Type | |
| 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) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5028.65 |
| 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 204 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Omni Shoreham Hotel Attn: Andrea Telfer | | Transaction ID: SB21B-82409 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address 2500 Calvert Street NW | | Amount of Each Disbursement this Period 3000.00 |
| City Washington State DC Zip Code 20008 | Purpose of Disbursement Catering/Facilities | |
| Candidate Name | Category/Type | |
| 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. Payment Solutions, Inc. | | Transaction ID: SB21B-82410 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address P.O. Box 30217 | | Amount of Each Disbursement this Period 1260.40 |
| City Bethesda State MD Zip Code 20824 | Purpose of Disbursement Data Management | |
| Candidate Name | Category/Type | |
| 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) C. Prime Office Products | | Transaction ID: SB21B-82416 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address PO Box 8629 | | Amount of Each Disbursement this Period 9.63 |
| City Elkridge State MD Zip Code 21075 | Purpose of Disbursement Office Supplies Expenses | |
| Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4270.03 |
| 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 205 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82419 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 32759.37 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage 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. Quick Messenger | | Transaction ID: SB21B-82422 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Ave Suite B | | Amount of Each Disbursement this Period 38.67 |
| City Bethesda State MD Zip Code 20814 | | |
| Purpose of Disbursement Deliveries 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) C. Rackspace Managed Hosting | | Transaction ID: SB21B-82423 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 671337 | | Amount of Each Disbursement this Period 1375.00 |
| City Dallas State TX Zip Code 75267-1337 | | |
| Purpose of Disbursement Internet Services 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: | | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 34173.04 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Red Top Cab | | Transaction ID: SB21B-82424 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P.O. Box 100519 | | Amount of Each Disbursement this Period 186.30 |
| City Arlington State VA Zip Code 22210 | Purpose of Disbursement Local Transportation 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Red Top Cab | | Transaction ID: SB21B-82425 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P.O. Box 100519 | | Amount of Each Disbursement this Period 71.83 |
| City Arlington State VA Zip Code 22210 | Purpose of Disbursement Local Transportation 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. United Parcel Service | | Transaction ID: SB21B-82429 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 34.84 |
| City Philadelphia State PA Zip Code 19170-0001 | Purpose of Disbursement Deliveries 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) ▼ | Category/Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 292.97 |
| 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 207 / 1289

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82430 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 329.42 |
| City Philadelphia State PA Zip Code 19170-0001 | Category/ Type | |
| Purpose of Disbursement Deliveries | | |
| 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. United Parcel Service | | Transaction ID: SB21B-82431 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 29.75 |
| City Philadelphia State PA Zip Code 19170-0001 | Category/ Type | |
| Purpose of Disbursement Deliveries | | |
| 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) C. United Parcel Service | | Transaction ID: SB21B-82432 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 266.96 |
| City Philadelphia State PA Zip Code 19170-0001 | Category/ Type | |
| Purpose of Disbursement Deliveries | | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 626.13 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82433 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 129.55 |
| City Philadelphia State PA Zip Code 19170-0001 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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. U. S. Postal Service | | Transaction ID: SB21B-82434 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 1400 L Street NW | | Amount of Each Disbursement this Period 858.00 | |
| City Washington State DC Zip Code 20005 | | | |
| Purpose of Disbursement Postage Candidate Name | | | Category/Type |
| 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) C. Renee Willette | | Transaction ID: SB21B-82435 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 486 Mandana Blvd #5 | | Amount of Each Disbursement this Period 91.00 | |
| City Oakland State CA Zip Code 94610 | | | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | | Category/Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1078.55 |
| 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 209 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82440 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 29.35 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82441 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 350.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense Candidate Name | Category/Type | |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82442 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 275.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 654.35 |
| 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)

PAGE 210 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82443 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 775.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing | Category/ Type | |
| 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) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Production Solutions, Inc. | | Transaction ID: SB21B-82444 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 2145.62 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage | Category/ Type | |
| 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) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Production Solutions, Inc. | | Transaction ID: SB21B-82480 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 15073.91 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage | Category/ Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 17994.53 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83239 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 100.41 |
| City Chicago State IL Zip Code 60679 | Purpose of Disbursement Credit Card Service Charges 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B-83251 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 510.26 |
| City Chicago State IL Zip Code 60679 | Purpose of Disbursement Credit Card Service Charges 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B-83252 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3060 Williams Drive #300 | | Amount of Each Disbursement this Period 68.00 |
| City Fairfax State VA Zip Code 22031 | Purpose of Disbursement Payroll Service 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) ▼ | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 678.67 |
| 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 212 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Anna Podmaniczky | | Transaction ID: SB21B-82491 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1715 N Rodney Street | | Amount of Each Disbursement this Period 92.35 |
| City Wilmington State DE Zip Code 19806 | Category/ Type | |
| Purpose of Disbursement Salaries | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB21B-83241 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 903.19 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Transaction ID: SB21B-83253 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1501 Pennsylvania Ave. NW | | Amount of Each Disbursement this Period 2464.08 |
| City Washington State DC Zip Code 20005 | Category/ Type | |
| Purpose of Disbursement Bank Charges | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3459.62 |
| 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 | | Transaction ID: SB21B-83242 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 389.47 |
| City Chicago State IL Zip Code 60679 | Purpose of Disbursement Credit Card Service Charges 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Facter Direct, Ltd | | Transaction ID: SB21B-82519 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 11500 Olympic Blvd. Suite 540 | | Amount of Each Disbursement this Period 26970.78 |
| City Los Angeles State CA Zip Code 90064 | Purpose of Disbursement Phone Banks 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Doreen L Hemphill | | Transaction ID: SB21B-82522 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 459 Massachusettes Ave NW | | Amount of Each Disbursement this Period 72.25 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Temporary Help 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) ▼ | Category/Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 27432.50 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 L Hodge | | Transaction ID: SB21B-82523 Date of Disbursement MM / DD / YYYY 01 / 19 / 2006 |
| Mailing Address 908 Harrison Circle | | Amount of Each Disbursement this Period 17.75 |
| City Alexandria State VA Zip Code 22304 | Category/ Type | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Prime Office Products | | Transaction ID: SB21B-82534 Date of Disbursement MM / DD / YYYY 01 / 19 / 2006 |
| Mailing Address PO Box 8629 | | Amount of Each Disbursement this Period 37.69 |
| City Elkridge State MD Zip Code 21075 | Category/ Type | |
| Purpose of Disbursement Office Supplies Expenses | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Prime Office Products | | Transaction ID: SB21B-82537 Date of Disbursement MM / DD / YYYY 01 / 19 / 2006 |
| Mailing Address PO Box 8629 | | Amount of Each Disbursement this Period 13.35 |
| City Elkridge State MD Zip Code 21075 | Category/ Type | |
| Purpose of Disbursement Office Supplies Expenses | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 68.79 |
| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82538 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1355.64 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage Candidate Name | Category/Type | |
| 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. Public Interest Communications | | Transaction ID: SB21B-82539 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 7700 Leesburg Pike Suite 301 North | | Amount of Each Disbursement this Period 550.00 |
| City Falls Church State VA Zip Code 22043 | | |
| Purpose of Disbursement Phone Banks Candidate Name | Category/Type | |
| 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) C. Quick Messenger | | Transaction ID: SB21B-82540 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Ave Suite B | | Amount of Each Disbursement this Period 16.81 |
| City Bethesda State MD Zip Code 20814 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1922.45 |
| 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 216 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Quick Messenger | | Transaction ID: SB21B-82541 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 4829 Fairmont Ave Suite B | | Amount of Each Disbursement this Period 35.58 |
| City Bethesda State MD Zip Code 20814 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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. Share | | Transaction ID: SB21B-82545 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 55183 | | Amount of Each Disbursement this Period 54251.85 |
| City Boston State MA Zip Code 02205-5183 | | |
| Purpose of Disbursement Phone Banks Candidate Name | Category/Type | |
| 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) C. Francine Wright | | Transaction ID: SB21B-82553 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 253 | | Amount of Each Disbursement this Period 72.25 |
| City Washington State DC Zip Code 20044 | | |
| Purpose of Disbursement Temporary Help Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 54359.68 |
| 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 217 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. U. S. Postal Service | | Transaction ID: SB21B-82554 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 1400 L Street NW | | Amount of Each Disbursement this Period 147.90 |
| City Washington State DC Zip Code 20005 | Category/ Type | |
| Purpose of Disbursement Postage | | |
| 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. American Express | | Transaction ID: SB21B-83243 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 576.90 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) C. American Express | | Transaction ID: SB21B-83244 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 238.85 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 963.65 |
| 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 218 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 140.40 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Suzanne Atwell | | Transaction ID: SB21B-83256 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 447 Bird Key Drive | | Amount of Each Disbursement this Period 2734.00 |
| City Sarasota State FL Zip Code 34236 | Category/ Type | |
| Purpose of Disbursement In-Kind Catering/ Facilities | | |
| 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) ▼ | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB21B-83246 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 75.21 |
| City Chicago State IL Zip Code 60679 | Category/ Type | |
| Purpose of Disbursement Credit Card Service Charges | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2949.61 |
| 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 219 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Aquent Financial Services | | Transaction ID: SB21B-82604 |
| Mailing Address PO Box 90505 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Chicago | State IL | Amount of Each Disbursement this Period 4691.50 |
| Zip Code 60696-0505 | | |
| Purpose of Disbursement Phone Banks | | 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. Jack I. Bender & Sons | | Transaction ID: SB21B-82607 |
| Mailing Address 1120 Connecticut Ave, NW Suite 1200 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Washington | State DC | Amount of Each Disbursement this Period 4200.00 |
| Zip Code 20036 | | |
| Purpose of Disbursement Rent | | 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) C. BHK Arts Consultants, Inc. | | Transaction ID: SB21B-82609 |
| Mailing Address PO Box 50 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Reedville | State VA | Amount of Each Disbursement this Period 326.25 |
| Zip Code 22539 | | |
| Purpose of Disbursement Travel/ Accommodations | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 9217.75 |
| 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 220 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. BHK Arts Consultants, Inc. | | Transaction ID: SB21B-82610 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 50 | | Amount of Each Disbursement this Period 1000.00 |
| City Reedville | State VA Zip Code 22539 | |
| Purpose of Disbursement Consulting Fundraising | | |
| 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bremmer & Goris Communications | | Transaction ID: SB21B-82611 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1908 Mount Vernon Avenue | | Amount of Each Disbursement this Period 3028.00 |
| City Alexandria | State VA Zip Code 22301 | |
| Purpose of Disbursement Design/Graphics | | |
| 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) C. Bulletproof | | Transaction ID: SB21B-82612 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1840 41st Ave, #102-333 | | Amount of Each Disbursement this Period 40.00 |
| City Capitola | State CA Zip Code 95010 | |
| Purpose of Disbursement Copy Writer | | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4068.00 |
| 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)

PAGE 221 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Bulletproof Full Name (Last, First, Middle Initial) Mailing Address 1840 41st Ave, #102-333 City Capitola State CA Zip Code 95010 Purpose of Disbursement Copy Writer 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) ▼ | | Transaction ID: SB21B-82613 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 122.50 Category/Type |
|--|--|--|

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|--|--|---|
| B. Bulletproof Full Name (Last, First, Middle Initial) Mailing Address 1840 41st Ave, #102-333 City Capitola State CA Zip Code 95010 Purpose of Disbursement Copy Writer 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) ▼ | | Transaction ID: SB21B-82614 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 40.00 Category/Type |
|--|--|---|

| | | |
|---|--|--|
| C. Mary Beth Cahill Full Name (Last, First, Middle Initial) Mailing Address 4800 Dexter Street, NW City Washington State DC Zip Code 20007 Purpose of Disbursement Consulting Political 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) ▼ | | Transaction ID: SB21B-82615 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 15416.66 Category/Type |
|---|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 15579.16 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 222 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: SB21B-82616 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 17356 | | Amount of Each Disbursement this Period 156.38 |
| City Baltimore State MD Zip Code 21297-1356 | Purpose of Disbursement Internet Services Candidate Name <input type="text"/> Category/Type | |
| 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. Colonial Parking, Inc. | | Transaction ID: SB21B-82618 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1050 Thomas Jefferson St., NW #100 | | Amount of Each Disbursement this Period 630.00 |
| City Washington State DC Zip Code 20007 | Purpose of Disbursement Parking Fees Candidate Name <input type="text"/> Category/Type | |
| 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) C. Facter Direct, Ltd | | Transaction ID: SB21B-82620 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 11500 Olympic Blvd. Suite 540 | | Amount of Each Disbursement this Period 1094.98 |
| City Los Angeles State CA Zip Code 90064 | Purpose of Disbursement Direct Mail Expense Candidate Name <input type="text"/> Category/Type | |
| 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) ▼ | |

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|--|----------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1881.36 |
| TOTAL This Period (last page this line number only) ▶ | <input 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Facter Direct, Ltd | | Transaction ID: SB21B-82621 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 11500 Olympic Blvd. Suite 540 | | Amount of Each Disbursement this Period 19170.60 |
| City Los Angeles State CA Zip Code 90064 | | |
| Purpose of Disbursement Phone Banks | | 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. Jill Greco | | Transaction ID: SB21B-82623 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1442 Crocus Ct. | | Amount of Each Disbursement this Period 47.75 |
| City Longwood State FL Zip Code 32750 | | |
| Purpose of Disbursement Office Supplies Expenses | | 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: | | See Attached Memo Entry |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Julie Holzhueter | | Transaction ID: SB21B-82624 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 6825 19th Road N | | Amount of Each Disbursement this Period 31.67 |
| City Arlington State VA Zip Code 22205 | | |
| Purpose of Disbursement Travel/ Accommodations | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 19250.02 |
| 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. Lexis Nexis | | Transaction ID: SB21B-82627 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-7090 | | Amount of Each Disbursement this Period 79.31 |
| City Philadelphia State PA Zip Code 19170 | | |
| Purpose of Disbursement Publication & Dues Candidate Name | Category/Type | |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82639 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 63.79 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82640 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 5787.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing Candidate Name | Category/Type | |
| 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) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5930.10 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82641 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1.57 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82642 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 45.13 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Deliveries Candidate Name | Category/Type | |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82643 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 620.31 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense Candidate Name | Category/Type | |
| 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) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 667.01 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82644 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 8073.48 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense 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. Production Solutions, Inc. | | Transaction ID: SB21B-82645 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 79.65 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82646 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 461.97 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8615.10 |
| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82647 |
| Mailing Address 1953 Gallows Road Suite 600 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Vienna | State VA | Amount of Each Disbursement this Period 1925.29 |
| Zip Code 22182 | | |
| Purpose of Disbursement Printing | 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. Production Solutions, Inc. | | Transaction ID: SB21B-82648 |
| Mailing Address 1953 Gallows Road Suite 600 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Vienna | State VA | Amount of Each Disbursement this Period 5838.70 |
| Zip Code 22182 | | |
| Purpose of Disbursement Printing | 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82649 |
| Mailing Address 1953 Gallows Road Suite 600 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 |
| City Vienna | State VA | Amount of Each Disbursement this Period 76.53 |
| Zip Code 22182 | | |
| Purpose of Disbursement Deliveries | 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: | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7840.52 |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82650 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 4327.40 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Direct Mail Expense | Candidate Name | Category/ Type |
| 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. Production Solutions, Inc. | | Transaction ID: SB21B-82651 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period -464.77 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage | Candidate Name | Category/ Type |
| 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82652 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 11954.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Printing | Candidate Name | Category/ Type |
| 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) ▼ | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 15816.63 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82655 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1334-E Shepard Drive | | Amount of Each Disbursement this Period 25.00 |
| City Sterling State VA Zip Code 20164-4426 | Purpose of Disbursement Repairs Maintenance 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Red Top Cab | | Transaction ID: SB21B-82656 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 100519 | | Amount of Each Disbursement this Period 41.50 |
| City Arlington State VA Zip Code 22210 | Purpose of Disbursement Local Transportation 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) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Staples | | Transaction ID: SB21B-82657 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Dept.56-0000497745 P.O. Box 9020 | | Amount of Each Disbursement this Period 29.59 |
| City Des Moines State IA Zip Code 50368-9020 | Purpose of Disbursement Event Supplies 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) ▼ | Category/ Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 96.09 |
| 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 230 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dept.56-0000497745 P.O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82658</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="182.70"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|---|--|---|
| <p>B. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dept.56-0000497745 P.O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82659</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.31"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|---|--|---|
| <p>C. Mary Jane Volk</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 541 E. Nelson Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82663</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1885.91"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | <p>See Attached Memo Entry</p> |

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|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="2133.92"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 231 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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. Working Assets | | Transaction ID: SB21B-82666 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 2041 | | Amount of Each Disbursement this Period 97.71 |
| City Mechanicsburg State PA Zip Code 17055 | 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Production Solutions, Inc. | | Transaction ID: SB21B-82667 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 4213.50 |
| City Vienna State VA Zip Code 22182 | Purpose of Disbursement Postage 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Production Solutions, Inc. | | Transaction ID: SB21B-82668 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 248.85 |
| City Vienna State VA Zip Code 22182 | Purpose of Disbursement Postage 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) ▼ | Category/Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4560.06 |
| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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. | | Transaction ID: SB21B-82669 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 1798.14 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage 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. Production Solutions, Inc. | | Transaction ID: SB21B-82670 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 29651.36 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage 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) C. Production Solutions, Inc. | | Transaction ID: SB21B-82671 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1953 Gallows Road Suite 600 | | Amount of Each Disbursement this Period 563.00 |
| City Vienna State VA Zip Code 22182 | | |
| Purpose of Disbursement Postage 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 32012.50 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE 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 233 / 1289

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83247 | |
| Mailing Address P.O. Box 0001 | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2006 | |
| City Chicago | State IL | Zip Code 60679 | Amount of Each Disbursement this Period 345.01 |
| Purpose of Disbursement Credit Card Service Charges | | 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. U. S. Postal Service | | Transaction ID: SB21B-82674 | |
| Mailing Address 1400 L Street NW | | Date of Disbursement MM / DD / YYYY 01 / 27 / 2006 | |
| City Washington | State DC | Zip Code 20005 | Amount of Each Disbursement this Period 868.00 |
| Purpose of Disbursement Postage | | 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) C. American Express | | Transaction ID: SB21B-83248 | |
| Mailing Address P.O. Box 0001 | | Date of Disbursement MM / DD / YYYY 01 / 27 / 2006 | |
| City Chicago | State IL | Zip Code 60679 | Amount of Each Disbursement this Period 86.80 |
| Purpose of Disbursement Credit Card Service Charges | | 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: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1299.81 |
| 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 234 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-83249 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 0001 | | Amount of Each Disbursement this Period 376.57 |
| City Chicago State IL Zip Code 60679 | Purpose of Disbursement Credit Card Service Charges 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) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. GSI - Gordon & Schwenkmeyer | | Transaction ID: SB21B-83351 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 300 N Sepulveda Blvd #2050 | | Amount of Each Disbursement this Period 36.71 |
| City El Segundo State CA Zip Code 90245 | Purpose of Disbursement Credit Card Service Charges 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) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. U. S. Postal Service | | Transaction ID: SB21B-82694 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1400 L Street NW | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement Postage 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5413.28 |
| 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 235 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Joanne Wilson Full Name (Last, First, Middle Initial) Mailing Address 3806 Viser Court City Bowie State MD Zip Code 20715 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82696 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 70.00 Category/ Type |
|--|--|--|

| | | |
|---|--|---|
| B. American Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 0001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Credit Card Service Charges 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) ▼ | | Transaction ID: SB21B-83250 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 118.00 Category/ Type |
|---|--|---|

| | | |
|--|--|--|
| C. Kinkos Full Name (Last, First, Middle Initial) Mailing Address 1825 K St NW City Washington State DC Zip Code 20006 Purpose of Disbursement Copying/Faxing 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) ▼ | | Transaction ID: SB21B-82244-10000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 24.47 Category/ Type [MEMO ITEM] |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 188.00 |
| 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)

PAGE 236 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82245-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 340.40 [MEMO ITEM] | |
| City DFW Airport | State TX Zip Code 75261 | | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | | Category/ Type |
| 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. Cassis travel | | Transaction ID: SB21B-82245-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 535 5th Ave | | Amount of Each Disbursement this Period 35.00 [MEMO ITEM] | |
| City New York | State NY Zip Code 10017 | | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | | Category/ Type |
| 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) C. Amtrak | | Transaction ID: SB21B-82245-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 60 Mass Ave NE | | Amount of Each Disbursement this Period 177.00 [MEMO ITEM] | |
| City Washington | State DC Zip Code 20001 | | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | | Category/ Type |
| 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) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 237 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Shuckers Full Name (Last, First, Middle Initial) Mailing Address 411 University St City Seattle State WA Zip Code 98101 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) ▼ | | Transaction ID: SB21B-82245-40000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 176.32 [MEMO ITEM] |
|---|--|---|

| | | |
|---|--|--|
| B. Sea Star Full Name (Last, First, Middle Initial) Mailing Address 205 108th Ave Ne City Bellevue State WA Zip Code 98004 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) ▼ | | Transaction ID: SB21B-82245-50000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 84.44 [MEMO ITEM] |
|---|--|--|

| | | |
|---|--|---|
| C. Hotel Monaco Full Name (Last, First, Middle Initial) Mailing Address 1101 4th Ave City Seattle State WA Zip Code 98101 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-60000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 814.22 [MEMO ITEM] |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Palena Full Name (Last, First, Middle Initial) Mailing Address 3529 Connecticut Ave Nw City Washington State DC Zip Code 20008 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) ▼ | | Transaction ID: SB21B-82245-70000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 134.40 [MEMO ITEM] |
|---|--|---|

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|---|--|---|
| B. Northwest Full Name (Last, First, Middle Initial) Mailing Address 7500 Airline Drive City Minneapolis State MN Zip Code 55450 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-80000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 708.40 [MEMO ITEM] |
|---|--|---|

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|---|--|--|
| C. Cassis Travel Full Name (Last, First, Middle Initial) Mailing Address 535 5th Ave City New York State NY Zip Code 10017 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-90000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NE City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-100000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 69.00 [MEMO ITEM] |
|---|--|---|

| | | |
|--|--|--|
| B. No 9 Park Full Name (Last, First, Middle Initial) Mailing Address 9 Park Street City Boston State MA Zip Code 02108 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) ▼ | | Transaction ID: SB21B-82245-110000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 128.15 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|---|
| C. Kinkeads Full Name (Last, First, Middle Initial) Mailing Address 2000 Pennsylvania Ave Nw City Washington State DC Zip Code 20006 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) ▼ | | Transaction ID: SB21B-82245-120000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 78.28 [MEMO ITEM] |
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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Daily Grill Full Name (Last, First, Middle Initial) Mailing Address 1200 18th St Nw City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82245-130000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 156.67 [MEMO ITEM] |
|---|--|--|

| | | |
|--|--|---|
| B. America West Full Name (Last, First, Middle Initial) Mailing Address 4000 Sky Harbor Drive City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-140000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 2563.30 [MEMO ITEM] |
|--|--|---|

| | | |
|--|--|---|
| C. Cassis Travel Full Name (Last, First, Middle Initial) Mailing Address 535 5th Ave City New York State NY Zip Code 10017 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-150000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lux Hotel Full Name (Last, First, Middle Initial) Mailing Address Rodeo Drive City Los Angeles State CA Zip Code 90049 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82245-160000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 317.34 [MEMO ITEM] |
|---|--|--|

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| B. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 4009 City Silver Spring State MD Zip Code 20914 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) ▼ | | Transaction ID: SB21B-82290-10000 Date of Disbursement 01 / 05 / 2006 Amount of Each Disbursement this Period 13.40 [MEMO ITEM] |
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|---|--|---|
| C. Southwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 2702 Love Field Drive City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82303-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 123.20 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------|--|
| Full Name (Last, First, Middle Initial) A. AAA limosuine | | Transaction ID: SB21B-82303-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2012 O St Nw | | Amount of Each Disbursement this Period 86.45 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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|--|-------------|--|
| Full Name (Last, First, Middle Initial) B. BP | | Transaction ID: SB21B-82303-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 778 Grant St | | Amount of Each Disbursement this Period 23.25 |
| City Akron State OH Zip Code 44311 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) C. Southwest Airlines | | Transaction ID: SB21B-82303-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 163.40 |
| City Dallas State TX Zip Code 75235 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. BP Full Name (Last, First, Middle Initial) Mailing Address Market & Trunko City Akron State OH Zip Code 44320 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82303-50000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 25.01 [MEMO ITEM] |
|--|--|--|

| | | |
|---|--|--|
| B. Sunoco Full Name (Last, First, Middle Initial) Mailing Address 2113 State Rd City Cuyahoga Falls State OH Zip Code 44223 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82303-60000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 25.03 [MEMO ITEM] |
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| C. Mackeys Full Name (Last, First, Middle Initial) Mailing Address 1823 L Street NW City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82308-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 40.86 [MEMO ITEM] |
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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Chocolate Moose Full Name (Last, First, Middle Initial) Mailing Address 1743 L St Nw City Washington State DC Zip Code 20036 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82308-20000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 5.55 [MEMO ITEM] |
|---|--|---|

| | | |
|--|--|---|
| B. Nooshi Full Name (Last, First, Middle Initial) Mailing Address 1120 19th St Nw City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82308-30000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] |
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|--|--|---|
| C. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NE City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 108.00 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82321-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 99.70 |
| City Dallas State TX Zip Code 75235 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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|--|-------------|--|
| Full Name (Last, First, Middle Initial) B. Holiday Inn | | Transaction ID: SB21B-82321-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1 Holiday Inn Dr | | Amount of Each Disbursement this Period 57.22 |
| City MT Kisko State NY Zip Code 10549 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) C. Hotels.com | | Transaction ID: SB21B-82321-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 8140 Walnut Hill Lane | | Amount of Each Disbursement this Period 313.94 |
| City Dallas State TX Zip Code 75231 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Orbitz Full Name (Last, First, Middle Initial) Mailing Address 200 S Wacker Drive City Chicago State IL Zip Code 60606 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-50000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 193.37 [MEMO ITEM] |
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| B. Metro North Full Name (Last, First, Middle Initial) Mailing Address 130 Livingston Street City Brooklyn State NY Zip Code 11201 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-60000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 11.50 [MEMO ITEM] |
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| C. Blue Dolphin Full Name (Last, First, Middle Initial) Mailing Address 175 Katonah Ave City Katonah State NY Zip Code 10536 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) ▼ | | Transaction ID: SB21B-82321-70000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 31.52 [MEMO ITEM] |
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| 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)

PAGE 247 / 1289

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NE City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-80000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 45.00 [MEMO ITEM] |
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| B. Albany Pump Station Full Name (Last, First, Middle Initial) Mailing Address 19 Quackenbush Sq City Albany State NY Zip Code 12207 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) ▼ | | Transaction ID: SB21B-82321-90000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 109.48 [MEMO ITEM] |
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| C. Crowne Plaza Full Name (Last, First, Middle Initial) Mailing Address State St At Lodge St City Albany State NY Zip Code 12207 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-100000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 190.97 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Orbitz Full Name (Last, First, Middle Initial) Mailing Address 800 S Wacker Drive City Chicago State IL Zip Code 60606 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-110000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 5.99 [MEMO ITEM] |
|---|--|--|

| | | |
|--|--|--|
| B. United Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-120000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 278.40 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|---|
| C. Main Terminal Full Name (Last, First, Middle Initial) Mailing Address Airport City Dulles State VA Zip Code 20166 Purpose of Disbursement Parking Fees 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) ▼ | | Transaction ID: SB21B-82321-130000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] |
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| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. United Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-140000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 328.41 [MEMO ITEM] |
|---|--|--|

| | | |
|--|--|--|
| B. Hotwire Full Name (Last, First, Middle Initial) Mailing Address 333 Market Street City San Francisco State CA Zip Code 94105 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-150000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 155.03 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|---|
| C. Budget Rent A CAR Full Name (Last, First, Middle Initial) Mailing Address Rental Car Access Rd City Pittsburgh State PA Zip Code 15201 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82321-160000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 26.34 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Brady's Run</p> <p>Full Name (Last, First, Middle Initial) Brady's Run</p> <p>Mailing Address 449 Constitution Blvd</p> <p>City New Brighton State PA Zip Code 15066</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82321-170000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.71"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>B. Holiday Inn</p> <p>Full Name (Last, First, Middle Initial) Holiday Inn</p> <p>Mailing Address 7195 Eastwood Rd</p> <p>City Beaver Falls State PA Zip Code 15010</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82321-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="106.82"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>C. California Pizza Kitchen</p> <p>Full Name (Last, First, Middle Initial) California Pizza Kitchen</p> <p>Mailing Address 1260 Connecticut Ave Nw</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82322-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.82"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. St Regis Full Name (Last, First, Middle Initial) Mailing Address 923 16th St Nw City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82322-20000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] |
|---|--|--|

| | | |
|--|--|---|
| B. Exxon Full Name (Last, First, Middle Initial) Mailing Address 111 W Putnam Ave City Greenwich State CT Zip Code 06830 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82323-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 9.96 [MEMO ITEM] |
|--|--|---|

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|--|--|---|
| C. Westport Inn Full Name (Last, First, Middle Initial) Mailing Address 1595 Post Rd E City Westport State CT Zip Code 06880 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82323-20000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 165.68 [MEMO ITEM] |
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| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82323-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address New Terminal | | Amount of Each Disbursement this Period 150.56 |
| City White Plains | State Zip Code NY 10601 | |
| Purpose of Disbursement Travel/ Accommodations | | [MEMO ITEM] |
| 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. Vito's by the Park | | Transaction ID: SB21B-82323-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 26 Trumbull St | | Amount of Each Disbursement this Period 74.00 |
| City Hartford | State Zip Code CT 06103 | |
| Purpose of Disbursement Travel/Accommodation /Meals | | [MEMO ITEM] |
| 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) C. Orbitz | | Transaction ID: SB21B-82323-50000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 200 S Wacker Drive | | Amount of Each Disbursement this Period 6.99 |
| City Chicago | State Zip Code IL 60606 | |
| Purpose of Disbursement Travel/ Accommodations | | [MEMO ITEM] |
| 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: | | |

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| 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)

PAGE 253 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. United Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82323-60000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 438.31 [MEMO ITEM] |
|---|--|---|

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|--|--|---|
| B. Staples Full Name (Last, First, Middle Initial) Mailing Address 1901 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82324-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 186.33 [MEMO ITEM] |
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| | | |
|--|--|--|
| C. Staples Full Name (Last, First, Middle Initial) Mailing Address 1901 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Event Supplies 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) ▼ | | Transaction ID: SB21B-82325-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 98.97 [MEMO ITEM] |
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| 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)

PAGE 254 / 1289

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| <p>A. US Post Office</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1501 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82326-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="148.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>B. Ritz Camera</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1750 L Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82327-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.74"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|---|
| <p>C. Sir Speedy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1300 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82328-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="374.20"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Daily Grill</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1200 18th Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82331-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71.02"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>B. Daily Grill</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1200 18th Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82331-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>C. Sazerac</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1101 4th Ave</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82332-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.80"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Starbucks Full Name (Last, First, Middle Initial) Starbucks Mailing Address 999 3rd Ave City Seattle State WA Zip Code 98104 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) ▼ | | Transaction ID: SB21B-82332-20000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 5.96 [MEMO ITEM] |
|---|--|---|

| | | |
|--|--|--|
| B. Wild Ginger Full Name (Last, First, Middle Initial) Wild Ginger Mailing Address 1401 3rd Ave City Seattle State WA Zip Code 98101 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) ▼ | | Transaction ID: SB21B-82332-30000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 22.89 [MEMO ITEM] |
|--|--|--|

| | | |
|---|--|---|
| C. Hotel Monaco Full Name (Last, First, Middle Initial) Hotel Monaco Mailing Address 1101 4th Ave City Seattle State WA Zip Code 98101 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82332-40000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 565.78 [MEMO ITEM] |
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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Klein's Deli Full Name (Last, First, Middle Initial) Mailing Address 501 Connecticut St City San Francisco State CA Zip Code 94107 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) ▼ | | Transaction ID: SB21B-82333-10000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 20.57 [MEMO ITEM] |
|--|--|--|

| | | |
|---|--|---|
| B. Southwest Airlines Full Name (Last, First, Middle Initial) Mailing Address 2702 Love Field Drive City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82341-10000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 158.40 [MEMO ITEM] |
|---|--|---|

| | | |
|---|--|--|
| C. Safeway Full Name (Last, First, Middle Initial) Mailing Address 4600 Cooper Ln City Landover Hills State MD Zip Code 20784 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82341-20000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 19.99 [MEMO ITEM] |
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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82341-30000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 338.41 [MEMO ITEM] |
|---|--|---|

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|--|--|---|
| B. American Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 619612 City DFW Airport State TX Zip Code 75621 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82341-40000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 416.90 [MEMO ITEM] |
|--|--|---|

| | | |
|---|--|---|
| C. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82341-60000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 158.40 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| <p>A. US Post Office</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1355 Market St</p> <p>City San Francisco State CA Zip Code 94103</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82346-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>B. Armands Pizza</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1140 19th St Nw</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82347-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.24"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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|--|--|---|
| <p>C. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1901 L Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82347-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.27"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Full Name (Last, First, Middle Initial) 1-800 Flowers | | Transaction ID: SB21B-82347-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1600 Stewart Ave | | Amount of Each Disbursement this Period 35.28 |
| City Westbury State NY Zip Code 11590 | [MEMO ITEM] | |
| Purpose of Disbursement Office Supplies Expenses Candidate Name | | Category/Type |
| 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. Full Name (Last, First, Middle Initial) US Post Office | | Transaction ID: SB21B-82348-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1050 Connecticut Ave NW | | Amount of Each Disbursement this Period 3.71 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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) ▼ |

| | | |
|--|-------------|---|
| C. Full Name (Last, First, Middle Initial) US Post Office | | Transaction ID: SB21B-82348-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1050 Connecticut Ave NW | | Amount of Each Disbursement this Period 223.60 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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) ▼ |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Post Office | | Transaction ID: SB21B-82348-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1050 Connecticut Ave NW | | Amount of Each Disbursement this Period 39.00 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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. US Post Office | | Transaction ID: SB21B-82348-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1050 Connecticut Ave NW | | Amount of Each Disbursement this Period 215.16 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Postage Candidate Name | | Category/Type |
| 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) C. Sir Speedy | | Transaction ID: SB21B-82349-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1300 Connecticut Ave NW | | Amount of Each Disbursement this Period 383.22 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Printing Candidate Name | | Category/Type |
| 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) ▼ | |

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| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Applebees Full Name (Last, First, Middle Initial) Mailing Address 3447 Donnell Dr City Forestville State MD Zip Code 20747 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) ▼ | | Transaction ID: SB21B-82352-10000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 52.87 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|---|
| B. Michaels Full Name (Last, First, Middle Initial) Mailing Address 4511 Mitchellville Rd City Bowie State MD Zip Code 20716 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82352-20000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 158.32 [MEMO ITEM] |
|--|--|---|

| | | |
|--|--|---|
| C. Party City Full Name (Last, First, Middle Initial) Mailing Address 3316 Donnell Dr City Forestville State MD Zip Code 20747 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82352-30000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 148.20 [MEMO ITEM] |
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| 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)

PAGE 263 / 1289

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Redskins Hall of Fame</p> <p>Full Name (Last, First, Middle Initial) Redskins Hall of Fame</p> <p>Mailing Address 1600 Fedex Way</p> <p>City Landover State MD Zip Code 20785</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82352-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.99"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|---|
| <p>B. Continental</p> <p>Full Name (Last, First, Middle Initial) Continental</p> <p>Mailing Address 1600 Smith Street</p> <p>City Houston State TX Zip Code 77002</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82353-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="683.40"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|---|
| <p>C. Alamo Rent A Car</p> <p>Full Name (Last, First, Middle Initial) Alamo Rent A Car</p> <p>Mailing Address 2 Tomahawk Dr</p> <p>City East Boston State MA Zip Code 02128</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82353-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="269.08"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Shell Oil Full Name (Last, First, Middle Initial) Mailing Address 46 Southfield Ave City Stamford State CT Zip Code 06902 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82353-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 11.61 [MEMO ITEM] |
|--|--|--|

| | | |
|---|--|---|
| B. American Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 619612 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82353-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 401.40 [MEMO ITEM] |
|---|--|---|

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| C. Super 8 Motels Full Name (Last, First, Middle Initial) Mailing Address 32 Grenhart Rd City Stamford State CT Zip Code 06902 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82353-50000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 101.79 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. House of Cues | | Transaction ID: SB21B-82353-60000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 740 W Superior Ave | | Amount of Each Disbursement this Period 19.98 |
| City Cleveland State OH Zip Code 44113 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals | | 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: | | |

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|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Radisson Hotel | | Transaction ID: SB21B-82353-70000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 26300 Chagrin Blvd | | Amount of Each Disbursement this Period 11.55 |
| City Cleveland State OH Zip Code 44122 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations | | 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: | | |

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|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Neptune Networks | | Transaction ID: SB21B-82353-80000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 5200 W. Century Blvd. | | Amount of Each Disbursement this Period 3.00 |
| City Los Angeles State CA Zip Code 90045 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals | | 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: | | |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. HMS Host Full Name (Last, First, Middle Initial) Mailing Address 10037 Broadview Rd City Cleveland State OH Zip Code 44147 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) ▼ | | Transaction ID: SB21B-82353-90000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.54 [MEMO ITEM] |
|--|--|---|

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| B. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82353-100000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 286.20 [MEMO ITEM] |
|--|--|--|

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|--|--|--|
| C. Continental Airlines Full Name (Last, First, Middle Initial) Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82353-110000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 199.20 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82353-120000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 366.20 [MEMO ITEM] |
| City DFW Airport | State TX Zip Code 75261 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Northwest Airlines | | Transaction ID: SB21B-82353-130000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 7500 Airline Drive | | Amount of Each Disbursement this Period 10.00 [MEMO ITEM] |
| City Minneapolis | State MN Zip Code 55450 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Northwest Airlines | | Transaction ID: SB21B-82353-140000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 7500 Airline Drive | | Amount of Each Disbursement this Period 259.79 [MEMO ITEM] |
| City Minneapolis | State MN Zip Code 55450 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------|--|
| Full Name (Last, First, Middle Initial) A. Priceline Hotel | | Transaction ID: SB21B-82354-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 800 Connecticut Ave | | Amount of Each Disbursement this Period 97.88 |
| City Norwalk State CT Zip Code 06854 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| Full Name (Last, First, Middle Initial) B. Southwest Airlines | | Transaction ID: SB21B-82354-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 95.00 |
| City Dallas State TX Zip Code 75235 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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|--|-------------|--|
| Full Name (Last, First, Middle Initial) C. Dollar Rent A Car | | Transaction ID: SB21B-82354-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Tampa Intl Airport | | Amount of Each Disbursement this Period 29.32 |
| City Tampa State FL Zip Code 33602 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. California Tortilla Full Name (Last, First, Middle Initial) Mailing Address BWI Airport City Baltimore State MD Zip Code 21240 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) ▼ | | Transaction ID: SB21B-82354-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 7.60 [MEMO ITEM] |
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| B. Paolos of Townson Full Name (Last, First, Middle Initial) Mailing Address 1 W Pennsylvania Ave City Townson State MD Zip Code 21204 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) ▼ | | Transaction ID: SB21B-82354-50000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 36.04 [MEMO ITEM] |
|---|--|---|

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| C. Au Bon Pain Full Name (Last, First, Middle Initial) Mailing Address 1732 L St NW City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82360-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 33.28 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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 Rent A Car Full Name (Last, First, Middle Initial) Mailing Address 11499 Conner St City Detroit State MI Zip Code 48213 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82360-20000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 151.06 [MEMO ITEM] |
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| B. Metro Cars Full Name (Last, First, Middle Initial) Mailing Address 24957 Brest City Taylor State MI Zip Code 48180 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82360-30000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 77.00 [MEMO ITEM] |
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| C. Metro Cars Full Name (Last, First, Middle Initial) Mailing Address 24957 Brest City Taylor State MI Zip Code 48180 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82360-40000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 75.00 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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

| | | |
|--|--|---|
| A. RMA Chauffered Full Name (Last, First, Middle Initial) Mailing Address 6010 Executive Blvd City Rockville State MD Zip Code 20852 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82360-50000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 107.10 [MEMO ITEM] |
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| B. RMA Chauffered Full Name (Last, First, Middle Initial) Mailing Address 6010 Executive Blvd City Rockville State MD Zip Code 20852 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82360-60000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 107.10 [MEMO ITEM] |
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| C. Target Full Name (Last, First, Middle Initial) Mailing Address 9882 Adams Ave City Huntington Beach State MD Zip Code 92646 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82361-10000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 20.46 [MEMO ITEM] |
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| 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)

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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

| | | |
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| <p>A. Enterprise</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1700 Miles Rd Se</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82361-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.17"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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|--|--|---|
| <p>B. D Gs Deli</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1418 Dr MLK Ave Ne</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82361-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.98"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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|--|--|---|
| <p>C. Sheraton</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2600 Louisiana Blvd Ne</p> <p>City Albuquerque State NM Zip Code 87110</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82361-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.62"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. D Gs Deli Full Name (Last, First, Middle Initial) Mailing Address 1418 Dr MLK Ave Ne City Albuquerque State NM Zip Code 87106 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) ▼ | | Transaction ID: SB21B-82361-50000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 7.98 [MEMO ITEM] |
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|--|--|---|
| B. Albuquerque Intl Airport Full Name (Last, First, Middle Initial) Mailing Address 2200 Sunport Blvd. SE City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Parking Fees 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) ▼ | | Transaction ID: SB21B-82361-60000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 17.78 [MEMO ITEM] |
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|--|--|--|
| C. Frontier Airlines Full Name (Last, First, Middle Initial) Mailing Address 7001 Tower Rd City Denver State CO Zip Code 80249 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-70000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 223.90 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Sheraton Full Name (Last, First, Middle Initial) Mailing Address 2600 Louisiana Blvd Ne City Albuquerque State NM Zip Code 87110 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-80000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 28.01 [MEMO ITEM] |
|---|--|--|

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| B. Crowne Plaza Full Name (Last, First, Middle Initial) Mailing Address 11228 Lone Eagle Dr City Clayton State MO Zip Code 63044 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-90000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 217.70 [MEMO ITEM] |
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| C. Yellow Cab Full Name (Last, First, Middle Initial) Mailing Address City Huntington Beach State CA Zip Code 92649 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-100000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 24.80 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Remy's Kitchen Full Name (Last, First, Middle Initial) Mailing Address 222 S Bemiston Ave City Clayton State MO Zip Code 63105 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) ▼ | | Transaction ID: SB21B-82361-110000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 43.80 [MEMO ITEM] |
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| B. Enterprise Full Name (Last, First, Middle Initial) Mailing Address 1990 Oxford St City Berkely State CA Zip Code 94704 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-120000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 130.70 [MEMO ITEM] |
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| C. Imos Pizza Full Name (Last, First, Middle Initial) Mailing Address 21 12668 Lamoplighter Sq City St Louis State MO Zip Code 63101 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) ▼ | | Transaction ID: SB21B-82361-130000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.63 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Phogrand Full Name (Last, First, Middle Initial) Mailing Address 3195 S Grand Blvd City St Louis State MO Zip Code 63118 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) ▼ | | Transaction ID: SB21B-82361-140000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 22.00 [MEMO ITEM] |
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| B. Yellow Cab Full Name (Last, First, Middle Initial) Mailing Address City Huntington Beach State CA Zip Code 92649 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-150000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 25.20 [MEMO ITEM] |
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| C. Crowne Plaza Full Name (Last, First, Middle Initial) Mailing Address 11228 Lone Eagle Dr City Clayton State MO Zip Code 63044 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82361-160000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.00 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. California Pizza Kitchen Full Name (Last, First, Middle Initial) Mailing Address 1493 Saint Louis Galleria City St Louis State MO Zip Code 63117 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) ▼ | | Transaction ID: SB21B-82361-170000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] |
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| B. Corner Bakery Full Name (Last, First, Middle Initial) Mailing Address 1828 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Catering/Facilities 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) ▼ | | Transaction ID: SB21B-82363-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 283.34 [MEMO ITEM] |
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|---|--|---|
| C. US Airways Full Name (Last, First, Middle Initial) Mailing Address 2345 Crystal Drive City Arlintongon State VA Zip Code 22227 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82364-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 235.80 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Full Name (Last, First, Middle Initial) Hertz Car Rental | | Transaction ID: SB21B-82364-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Tampa Intrntnl Airport | | Amount of Each Disbursement this Period 115.39 |
| City Tampa State FL Zip Code 33607 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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|--|-------------|--|
| B. Full Name (Last, First, Middle Initial) Hilton | | Transaction ID: SB21B-82364-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1751 Hotel Plaza Blvd | | Amount of Each Disbursement this Period 40.71 |
| City Lake Buena Vista State FL Zip Code 32830 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

| | | |
|--|-------------|--|
| C. Full Name (Last, First, Middle Initial) Shell Oil | | Transaction ID: SB21B-82364-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 4150 W Hillsborough Ave | | Amount of Each Disbursement this Period 23.91 |
| City Tampa State FL Zip Code 33614 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Hilton Full Name (Last, First, Middle Initial) Mailing Address 1751 Hotel Plaza Blvd City Lake Buena Vista State FL Zip Code 32830 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB21B-82364-50000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 219.06 [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

| | | |
|--|--|--|
| B. Washington Parking Full Name (Last, First, Middle Initial) Mailing Address National Airport City Washington State DC Zip Code 20001 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB21B-82364-60000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 60.00 [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

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| C. HMS Host Full Name (Last, First, Middle Initial) Mailing Address Tampa Intrntnl Airport City Tampa State FL Zip Code 33607 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB21B-82364-70000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 7.01 [MEMO ITEM] |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/ Type |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Daily Grill Full Name (Last, First, Middle Initial) Mailing Address 1200 18th St Nw City Washington State DC Zip Code 20036 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) ▼ | | Transaction ID: SB21B-82365-10000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 50.23 [MEMO ITEM] |
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| B. Chocalate Moose Full Name (Last, First, Middle Initial) Mailing Address 1743 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82366-10000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.35 [MEMO ITEM] |
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| C. Staples Full Name (Last, First, Middle Initial) Mailing Address 1901 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82366-20000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 10.50 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) A. California Pizza Kitchen | | Transaction ID: SB21B-82372-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1260 Connecticut Ave Nw | | Amount of Each Disbursement this Period 24.97 |
| City Washington State DC Zip Code 20036 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals | | Category/ Type |
| 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) ▼ |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Athena Diner | | Transaction ID: SB21B-82373-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 3350 Post Rd | | Amount of Each Disbursement this Period 22.55 |
| City Southport State CT Zip Code 06890 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals | | Category/ Type |
| 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) ▼ |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) C. Starbucks | | Transaction ID: SB21B-82373-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1 Parker Harding Plz | | Amount of Each Disbursement this Period 8.48 |
| City Westport State CT Zip Code 06880 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals | | Category/ Type |
| 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) ▼ |

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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Survey Monkey | | Transaction ID: SB21B-82380-10000 Date of Disbursement MM / DD / YYYY 01 / 12 / 2006 |
| Mailing Address 125 N Hamilton | | Amount of Each Disbursement this Period 19.95 |
| City Madison State WI Zip Code 53703 | Purpose of Disbursement Internet Services 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) ▼ | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Google | | Transaction ID: SB21B-82380-20000 Date of Disbursement MM / DD / YYYY 01 / 12 / 2006 |
| Mailing Address 2400 Bayshore Parkway | | Amount of Each Disbursement this Period 51.20 |
| City Mountain View State CA Zip Code 94043 | Purpose of Disbursement Internet Services 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) ▼ | [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Survey Monkey | | Transaction ID: SB21B-82380-30000 Date of Disbursement MM / DD / YYYY 01 / 12 / 2006 |
| Mailing Address 125 N Hamilton | | Amount of Each Disbursement this Period 19.95 |
| City Madison State WI Zip Code 53703 | Purpose of Disbursement Internet Services 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) ▼ | [MEMO ITEM] |

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| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. US Post Office Full Name (Last, First, Middle Initial) Mailing Address 1050 Connecticut Ave NW City Washington State DC Zip Code 20036 Purpose of Disbursement Postage 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) ▼ | | Transaction ID: SB21B-82381-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 3.71 [MEMO ITEM] |
|--|--|---|

| | | |
|--|--|---|
| B. James Street Full Name (Last, First, Middle Initial) Mailing Address 201 James Street City DePere State WI Zip Code 54115 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 106.69 [MEMO ITEM] |
|--|--|---|

| | | |
|---|--|--|
| C. Coffee Beanery Full Name (Last, First, Middle Initial) Mailing Address Detroit Metro Airport City Detroit State MI Zip Code 48242 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) ▼ | | Transaction ID: SB21B-82382-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 10.58 [MEMO ITEM] |
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| 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)

PAGE 284 / 1289

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Bangkok Garden</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 240 N Broadway</p> <p>City Green Bay State WI Zip Code 54303</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.63"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|--|--|--|
| <p>B. Barbette</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1600 West Lake Street</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|---|--|--|
| <p>C. Washington Parking</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address National Airport</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Hotels.com</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8140 Walnut Hill Lane</p> <p>City Dallas State TX Zip Code 75231</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="419.20"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|---|--|---|
| <p>B. Alamo Car Rental</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Cleveland Airport</p> <p>City Cleveland State OH Zip Code 44135</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="173.09"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|---|--|--|
| <p>C. Winking Lizard</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 811 Huron Rd</p> <p>City Cleveland State OH Zip Code 44115</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.36"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. United Airlines Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-90000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 69.20 [MEMO ITEM] |
|--|--|--|

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|---|--|---|
| B. House of Cues Full Name (Last, First, Middle Initial) Mailing Address 740 W Superior City Cleveland State OH Zip Code 44113 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) ▼ | | Transaction ID: SB21B-82382-100000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 35.80 [MEMO ITEM] |
|---|--|---|

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| C. Alice Coopers Full Name (Last, First, Middle Initial) Mailing Address 2217 Rock & Roll Blvd City Cleveland State OH Zip Code 44145 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) ▼ | | Transaction ID: SB21B-82382-110000 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 27.49 [MEMO ITEM] |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Citgo Full Name (Last, First, Middle Initial) Mailing Address 4480 Rocky River Rd City Cleveland State OH Zip Code 44135 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-120000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 5.43 [MEMO ITEM] |
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| B. Radisson Full Name (Last, First, Middle Initial) Mailing Address 651 Huron Rd City Cleveland State OH Zip Code 44115 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-130000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 8.55 [MEMO ITEM] |
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|---|--|---|
| C. House of Cues Full Name (Last, First, Middle Initial) Mailing Address 740 W Superior City Cleveland State OH Zip Code 44113 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) ▼ | | Transaction ID: SB21B-82382-140000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 21.09 [MEMO ITEM] |
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| 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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|-------------|--|
| Full Name (Last, First, Middle Initial) A. Washington Parking | | Transaction ID: SB21B-82382-150000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address National Airport | | Amount of Each Disbursement this Period 27.00 |
| City Washington State DC Zip Code 20001 | [MEMO ITEM] | |
| Purpose of Disbursement Parking Fees Candidate Name | | Category/Type |
| 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. HMS Host | | Transaction ID: SB21B-82382-160000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Cleveland Airport | | Amount of Each Disbursement this Period 6.54 |
| City Cleveland State OH Zip Code 44135 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/Accommodation /Meals Candidate Name | | Category/Type |
| 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) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amtrak | | Transaction ID: SB21B-82382-170000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 60 Mass Ave NE | | Amount of Each Disbursement this Period 45.00 |
| City Washington State DC Zip Code 20002 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/Type |
| 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) ▼ |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Holiday Inn</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 Holiday Inn Drive</p> <p>City Mt Kisco State NY Zip Code 10549</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="168.83"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|--|--|--|
| <p>B. Crowne Plaza</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address State & Lodge Streets</p> <p>City Albany State NY Zip Code 12207</p> <p>Purpose of Disbursement Travel/ Accommodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-190000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="190.97"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|---|--|---|
| <p>C. Hogans Casa Miguel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 222 E Main Street</p> <p>City Mt Kisco State NY Zip Code 10549</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB21B-82382-200000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Wellesley Inn Full Name (Last, First, Middle Initial) Mailing Address 94 Business Park Drive City Armonk State NY Zip Code 10504 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-210000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 153.60 [MEMO ITEM] |
|---|--|--|

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|--|--|---|
| B. Holiday Inn Full Name (Last, First, Middle Initial) Mailing Address 1 Holiday Inn Drive City Mt Kisco State NY Zip Code 10549 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-220000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 12.47 [MEMO ITEM] |
|--|--|---|

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|--|--|---|
| C. Holiday Inn Full Name (Last, First, Middle Initial) Mailing Address 1 Holiday Inn Drive City Mt Kisco State NY Zip Code 10549 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-230000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 21.71 [MEMO ITEM] |
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| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Main Terminal Full Name (Last, First, Middle Initial) Mailing Address 222 E Main Street City Mt Kisco State NY Zip Code 10549 Purpose of Disbursement Parking Fees 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) ▼ | | Transaction ID: SB21B-82382-240000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 45.00 [MEMO ITEM] |
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|--|--|---|
| B. Amtrak Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82382-250000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 84.00 [MEMO ITEM] |
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| C. Staples Full Name (Last, First, Middle Initial) Mailing Address 1901 L Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Office Supplies Expenses 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) ▼ | | Transaction ID: SB21B-82623-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 47.75 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82663-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 619612 | | Amount of Each Disbursement this Period 351.21 [MEMO ITEM] |
| City DFW Airport | State TX Zip Code 75261 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. US Airways | | Transaction ID: SB21B-82663-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2345 Crystal Drive | | Amount of Each Disbursement this Period 263.61 [MEMO ITEM] |
| City Arlington | State VA Zip Code 22227 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Hilton | | Transaction ID: SB21B-82663-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1001 Marquette Ave S | | Amount of Each Disbursement this Period 231.18 [MEMO ITEM] |
| City Minneapolis | State MN Zip Code 55403 | |
| Purpose of Disbursement Travel/ Accommodations | | |
| 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) ▼ | |

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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. HMS Host Full Name (Last, First, Middle Initial) Mailing Address National Airport City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-40000 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 9.25 [MEMO ITEM] |
|--|--|---|

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|--|--|---|
| B. Avis Rent A Car Full Name (Last, First, Middle Initial) Mailing Address 4650 Glumack Drive City Minneapolis State MN Zip Code 55111 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-50000 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 208.30 [MEMO ITEM] |
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|---|--|--|
| C. Hilton Full Name (Last, First, Middle Initial) Mailing Address 1001 Marquette Ave S City Minneapolis State MN Zip Code 55403 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-80000 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] |
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| 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)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Radisson Full Name (Last, First, Middle Initial) Mailing Address 111 N Grand Ave City Lansing State MI Zip Code 48933 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-90000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 80.99 [MEMO ITEM] |
|--|--|--|

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|---|--|---|
| B. Avis Full Name (Last, First, Middle Initial) Mailing Address Lucas Dr & Middlebelt Rd City Detroit State MI Zip Code 48242 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-110000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 96.45 [MEMO ITEM] |
|---|--|---|

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|--|--|---|
| C. Radisson Full Name (Last, First, Middle Initial) Mailing Address 111 N Grand Ave City Lansing State MI Zip Code 48933 Purpose of Disbursement Travel/ Accommodations 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) ▼ | | Transaction ID: SB21B-82663-120000 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 20.34 [MEMO ITEM] |
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| 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)

PAGE 295 / 1289

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 | | Transaction ID: SB21B-82663-130000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2345 Crystal Drive | | Amount of Each Disbursement this Period 233.60 |
| City Arlington State VA Zip Code 22227 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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. Grand Hyatt | | Transaction ID: SB21B-82663-140000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2900 Bayport Drive | | Amount of Each Disbursement this Period 239.23 |
| City Tampa State FL Zip Code 33607 | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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|--|-------------|--|
| Full Name (Last, First, Middle Initial) C. All other vendors under \$200 aggregate | | Transaction ID: SB21B-82663-150000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address | | Amount of Each Disbursement this Period 131.75 |
| City State Zip Code | [MEMO ITEM] | |
| Purpose of Disbursement Travel/ Accommodations Candidate Name | | Category/ Type |
| 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 386461.12 |

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)

PAGE 296 / 1289

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean for Congress | | Transaction ID: SB23-382446 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Rhoda Seman 4601 W Touhy Ave #501 | | Amount of Each Disbursement this Period 25.00 |
| City Lincolnwood State IL Zip Code 60712 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Cantwell 2006 | | Transaction ID: SB23-82446 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Deanna Fendler 4019 W Thorpe Rd | | Amount of Each Disbursement this Period 50.00 |
| City Spokane State WA Zip Code 99224 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Cantwell 2006 | | Transaction ID: SB23-82447 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Vera Sable 680 Range View Trail | | Amount of Each Disbursement this Period 25.00 |
| City Golden State CO Zip Code 80401 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) A. Cantwell 2006 | | Transaction ID: SB23-82448 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Phyllis Wasserman 5 Rogers Road | | Amount of Each Disbursement this Period 25.00 |
| City Lexington | State MA | |
| Zip Code 02420 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. Cantwell 2006 | | Transaction ID: SB23-82449 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Diane Wonio 1101 Bayou Shore Drive | | Amount of Each Disbursement this Period 25.00 |
| City Galveston | State TX | |
| Zip Code 77551 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. Cantwell 2006 | | Transaction ID: SB23-82450 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Jeanne Campbell 380 N. Mountain Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Montclair | State NJ | |
| Zip Code 07043 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 300.00 |
| 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

| | | |
|---|--|--|
| A. Cantwell 2006 Full Name (Last, First, Middle Initial) Mailing Address Lorraine Grace 6 Playa Verde City Tiburon State CA Zip Code 94920 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82451 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 |
|---|--|--|

| | | |
|---|--|---|
| B. Cantwell 2006 Full Name (Last, First, Middle Initial) Mailing Address Barbara Shipnuck 2602 E. 20th Street, Unit 203 City Signal Hill State CA Zip Code 90755 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82452 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 |
|---|--|---|

| | | |
|--|--|---|
| C. Cantwell 2006 Full Name (Last, First, Middle Initial) Mailing Address Sandra Galbraith 3801 Riverhill Drive City Pasco State WA Zip Code 99301 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82453 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 |
|--|--|---|

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 325.00 |
| 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)

PAGE 299 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Cantwell 2006</p> <p>Full Name (Last, First, Middle Initial) Cantwell 2006</p> <p>Mailing Address Ben Shaine 825 V Street</p> <p>City Port Townsend State WA Zip Code 98368</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82454 Date of Disbursement 01 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|---|--|---|
| <p>B. Cantwell 2006</p> <p>Full Name (Last, First, Middle Initial) Cantwell 2006</p> <p>Mailing Address Meryl Nannis 9 Bacon Road</p> <p>City Framingham State MA Zip Code 01701</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82455 Date of Disbursement 01 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|--|--|---|
| <p>C. McCaskill for Missouri</p> <p>Full Name (Last, First, Middle Initial) McCaskill for Missouri</p> <p>Mailing Address Janice Liten 2416 Marcy Avenue</p> <p>City Evanston State IL Zip Code 60201</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82456 Date of Disbursement 01 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | |
|---|----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>125.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. McCaskill for Missouri | | Transaction ID: SB23-82457 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Diane Wonio 1101 Bayou Shore Drive | | Amount of Each Disbursement this Period 25.00 |
| City Galveston State TX Zip Code 77551 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. McCaskill for Missouri | | Transaction ID: SB23-82458 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Jeanne Campbell 380 N. Mountain Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Montclair State NJ Zip Code 07043 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. McCaskill for Missouri | | Transaction ID: SB23-82459 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Bernice Kupsaw 12204 Lakewood Creek | | Amount of Each Disbursement this Period 10.00 |
| City Fort Myers State FL Zip Code 33908 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 285.00 |
| 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. McCaskill for Missouri | | Transaction ID: SB23-82460 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Meryl Nannis 9 Bacon Road | | Amount of Each Disbursement this Period 25.00 |
| City Framingham State MA Zip Code 01701 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Diane Farrell for Congress | | Transaction ID: SB23-82461 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Marie Buckey 881 Thomas Avenue, Apt. 4 | | Amount of Each Disbursement this Period 100.00 |
| City San Diego State CA Zip Code 92109 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Diane Farrell for Congress | | Transaction ID: SB23-82462 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Debbie Thompson 2860 Tessmer Road | | Amount of Each Disbursement this Period 25.00 |
| City Ann Arbor State MI Zip Code 48103 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 150.00 |
| 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)

PAGE 302 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Klobuchar for Minnesota | | Transaction ID: SB23-82463 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Vera Sable 680 Range View Trail | | Amount of Each Disbursement this Period 25.00 |
| City Golden State CO Zip Code 80401 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Klobuchar for Minnesota | | Transaction ID: SB23-82464 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Truby LaGarde 15 East Third Street | | Amount of Each Disbursement this Period 25.00 |
| City Frederick State MD Zip Code 21701 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82465 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Norma Sommerdorf 111 Kellogg Blvd E Apt 2911 | | Amount of Each Disbursement this Period 25.00 |
| City Saint Paul State MN Zip Code 55101 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 75.00 |
| 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

| | | |
|---|--|---|
| A. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Janice Liten 2416 Marcy Avenue Mailing Address City: Evanston State: IL Zip Code: 60201 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82466 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 50.00 Category/Type: _____ |
|---|--|---|

| | | |
|---|--|---|
| B. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Victoria Henricksen 2002 E. 4th Street Mailing Address City: Duluth State: MN Zip Code: 55812 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82467 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 10.00 Category/Type: _____ |
|---|--|---|

| | | |
|--|--|---|
| C. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Diane Wonio 1101 Bayou Shore Drive Mailing Address City: Galveston State: TX Zip Code: 77551 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82468 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 25.00 Category/Type: _____ |
|--|--|---|

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 85.00 |
| 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. Klobuchar for Minnesota | | Transaction ID: SB23-82469 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Marie Buckey 881 Thomas Avenue, Apt. 4 | | Amount of Each Disbursement this Period 100.00 |
| City San Diego State CA Zip Code 92109 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Klobuchar for Minnesota | | Transaction ID: SB23-82470 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Jeanne Campbell 380 N. Mountain Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Montclair State NJ Zip Code 07043 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82471 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Barbara Shipnuck 2602 E. 20th Street, Unit 203 | | Amount of Each Disbursement this Period 50.00 |
| City Signal Hill State CA Zip Code 90755 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 400.00 |
| 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. Klobuchar for Minnesota | | Transaction ID: SB23-82472 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Alice Hoelzer 3808 Doune Way | | Amount of Each Disbursement this Period 50.00 |
| City Clermont State FL Zip Code 34711 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Klobuchar for Minnesota | | Transaction ID: SB23-82473 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Bernice Kupsaw 12204 Lakewood Creek | | Amount of Each Disbursement this Period 10.00 |
| City Fort Myers State FL Zip Code 33908 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82474 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Andrea Schussler 2425 Black Lake Road | | Amount of Each Disbursement this Period 25.00 |
| City Spring Park State MN Zip Code 55384 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 85.00 |
| 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

| | | |
|---|--|--|
| A. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Mailing Address Meryl Nannis 9 Bacon Road City Framingham State MA Zip Code 01701 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82475 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 25.00 Category/Type |
|---|--|--|

| | | |
|--|--|--|
| B. Lois Murphy for Congress Full Name (Last, First, Middle Initial) Mailing Address Diane Wonio 1101 Bayou Shore Drive City Galveston State TX Zip Code 77551 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82476 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 25.00 Category/Type |
|--|--|--|

| | | |
|--|--|---|
| C. Lois Murphy for Congress Full Name (Last, First, Middle Initial) Mailing Address Lorraine Grace 6 Playa Verde City Tiburon State CA Zip Code 94920 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82477 Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 250.00 Category/Type |
|--|--|---|

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 300.00 |
| 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. Schwartz for Congress | | Transaction ID: SB23-82478 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Phyllis Rifield 201 E 17th Street, Apt. 6E | | Amount of Each Disbursement this Period 36.00 |
| City New York | State NY | |
| Zip Code 10003 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. Stabenow for US Senate | | Transaction ID: SB23-82479 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Phyllis Wasserman 5 Rogers Road | | Amount of Each Disbursement this Period 25.00 |
| City Lexington | State MA | |
| Zip Code 02420 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean for Congress | | Transaction ID: SB23-82566 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Sylvia Ashby 2711 24th Street | | Amount of Each Disbursement this Period 15.00 |
| City Lubbock | State TX | |
| Zip Code 79410 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 76.00 |
| 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)

PAGE 308 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean for Congress | | Transaction ID: SB23-82567 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Reatha Godwin 100 Thorndale Drive Apt. 301 | | Amount of Each Disbursement this Period 50.00 |
| City San Rafael | State CA | |
| Zip Code 94903 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kathy Castor for Congress | | Transaction ID: SB23-82568 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Mary Ann 9851 Harrison Road # 308 | | Amount of Each Disbursement this Period 25.00 |
| City Bloomington | State MN | |
| Zip Code 55437 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cantwell 2006 | | Transaction ID: SB23-82569 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Marion Galland 3440 S Jefferson St # 249A | | Amount of Each Disbursement this Period 100.00 |
| City Falls Church | State VA | |
| Zip Code 22041 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 175.00 |
| 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

| | | |
|--|--|---|
| <p>A. Cantwell 2006</p> <p>Full Name (Last, First, Middle Initial) Carol Flint 220 18th Street</p> <p>Mailing Address</p> <p>City Santa Monica State CA Zip Code 90402</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB23-82570</p> <p>Date of Disbursement 01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|--|--|---|
| <p>B. Cantwell 2006</p> <p>Full Name (Last, First, Middle Initial) David McDonald 423 Pythian Road</p> <p>Mailing Address</p> <p>City Santa Rosa State CA Zip Code 95409</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB23-82571</p> <p>Date of Disbursement 01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | | |
|---|--|---|
| <p>C. Cantwell 2006</p> <p>Full Name (Last, First, Middle Initial) Seymour Schwartz 100 Putnam Grn</p> <p>Mailing Address</p> <p>City Greenwich State CT Zip Code 06830</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB23-82572</p> <p>Date of Disbursement 01 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

| | |
|---|----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>700.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Cantwell 2006 Full Name (Last, First, Middle Initial) Mailing Address: Anthony LaMorticella 24739 Demming Ridge Road City: Elmira State: OR Zip Code: 97437 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82573 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period _____ 50.00 |
|--|--|---|

| | | |
|--|--|---|
| B. Cantwell 2006 Full Name (Last, First, Middle Initial) Mailing Address: Joan Materna 20 E. Mayer Drive City: Suffern State: NY Zip Code: 10901 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82574 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period _____ 50.00 |
|--|--|---|

| | | |
|---|--|---|
| C. McCaskill for Missouri Full Name (Last, First, Middle Initial) Mailing Address: Marion Galland 3440 S Jefferson St # 249A City: Falls Church State: VA Zip Code: 22041 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB23-82575 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period _____ 50.00 |
|---|--|---|

| | |
|--|---------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | _____ 150.00 |
| 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. McCaskill for Missouri | | Transaction ID: SB23-82576 Date of Disbursement 01 / 25 / 2006 | |
| Mailing Address Carol Flint 220 18th Street | | Amount of Each Disbursement this Period 100.00 | |
| City Santa Monica | State CA | | Zip Code 90402 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial) B. McCaskill for Missouri | | Transaction ID: SB23-82577 Date of Disbursement 01 / 25 / 2006 | |
| Mailing Address J. Goldstein 312 Windsor Drive | | Amount of Each Disbursement this Period 50.00 | |
| City Iowa City | State IA | | Zip Code 52245 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | | | |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial) C. McCaskill for Missouri | | Transaction ID: SB23-82578 Date of Disbursement 01 / 25 / 2006 | |
| Mailing Address Annette Gellert 93 West Shore Road | | Amount of Each Disbursement this Period 250.00 | |
| City Belvedere | State CA | | Zip Code 94920 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: _____ District: _____ | | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 400.00 |
| 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. McCaskill for Missouri | | Transaction ID: SB23-82579 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Seymour Schwartz 100 Putnam Grn | | Amount of Each Disbursement this Period 500.00 |
| City Greenwich State CT Zip Code 06830 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. McCaskill for Missouri | | Transaction ID: SB23-82580 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Ralph Hill 5452 Carley Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Whittier State CA Zip Code 90601 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. McCaskill for Missouri | | Transaction ID: SB23-82581 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Jay Brant 737 Fox River Drive | | Amount of Each Disbursement this Period 50.00 |
| City Bloomfield State MI Zip Code 48304 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 600.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. McCaskill for Missouri | | Transaction ID: SB23-82582 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Helen Kossler 614 Home Avenue | | Amount of Each Disbursement this Period 20.00 |
| City Oak Park | State IL | |
| Zip Code 60304 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. McCaskill for Missouri | | Transaction ID: SB23-82583 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Wendy Moore 128 Everett Street, Apt. 3 | | Amount of Each Disbursement this Period 10.00 |
| City Arlington | State MA | |
| Zip Code 02474 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Diane Farrell for Congress | | Transaction ID: SB23-82584 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Carol Flint 220 18th Street | | Amount of Each Disbursement this Period 100.00 |
| City Santa Monica | State CA | |
| Zip Code 90402 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 130.00 |
| 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. Diane Farrell for Congress | | Transaction ID: SB23-82585 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Elaine Ciccone 247 Lincoln Road | | Amount of Each Disbursement this Period 50.00 |
| City Brooklyn State NY Zip Code 11225 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Klobuchar for Minnesota | | Transaction ID: SB23-82586 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Marion Galland 3440 S Jefferson St # 249A | | Amount of Each Disbursement this Period 50.00 |
| City Falls Church State VA Zip Code 22041 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82587 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Carol Flint 220 18th Street | | Amount of Each Disbursement this Period 100.00 |
| City Santa Monica State CA Zip Code 90402 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 200.00 |
| 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. Klobuchar for Minnesota | | Transaction ID: SB23-82588 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address J. Goldstein 312 Windsor Drive | | Amount of Each Disbursement this Period 50.00 |
| City Iowa City State IA Zip Code 52245 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Klobuchar for Minnesota | | Transaction ID: SB23-82589 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Annette Gellert 93 West Shore Road | | Amount of Each Disbursement this Period 250.00 |
| City Belvedere State CA Zip Code 94920 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82590 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Seymour Schwartz 100 Putnam Grn | | Amount of Each Disbursement this Period 500.00 |
| City Greenwich State CT Zip Code 06830 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 800.00 |
| 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

| | | |
|--|--|---|
| A. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Donna Pearlman 26100 York Road Mailing Address City: Huntington Wd State: MI Zip Code: 48070 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | | Transaction ID: SB23-82591 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 25.00 Category/Type: _____ |
|--|--|---|

| | | |
|--|--|---|
| B. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Ralph Hill 5452 Carley Avenue Mailing Address City: Whittier State: CA Zip Code: 90601 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | | Transaction ID: SB23-82592 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 50.00 Category/Type: _____ |
|--|--|---|

| | | |
|--|--|---|
| C. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Helen Kossler 614 Home Avenue Mailing Address City: Oak Park State: IL Zip Code: 60304 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____ | | Transaction ID: SB23-82593 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 20.00 Category/Type: _____ |
|--|--|---|

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|--|-------|
| 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

| | | |
|---|--|--|
| A. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Wendy Moore 128 Everett Street, Apt. 3 | | Transaction ID: SB23-82594 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Wendy Moore 128 Everett Street, Apt. 3 | | Amount of Each Disbursement this Period 10.00 |
| City Arlington | State MA | |
| Zip Code 02474 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| B. Klobuchar for Minnesota Full Name (Last, First, Middle Initial) Elaine Ciccone 247 Lincoln Road | | Transaction ID: SB23-82595 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Elaine Ciccone 247 Lincoln Road | | Amount of Each Disbursement this Period 50.00 |
| City Brooklyn | State NY | |
| Zip Code 11225 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| C. Lois Murphy for Congress Full Name (Last, First, Middle Initial) Carol Flint 220 18th Street | | Transaction ID: SB23-82596 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Carol Flint 220 18th Street | | Amount of Each Disbursement this Period 100.00 |
| City Santa Monica | State CA | |
| Zip Code 90402 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 160.00 |
| 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. Lois Murphy for Congress | | Transaction ID: SB23-82597 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Jay Brant 737 Fox River Drive | | Amount of Each Disbursement this Period 50.00 |
| City Bloomfield State MI Zip Code 48304 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Lois Murphy for Congress | | Transaction ID: SB23-82598 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Joan Materna 20 E. Mayer Drive | | Amount of Each Disbursement this Period 25.00 |
| City Suffern State NY Zip Code 10901 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Schwartz for Congress | | Transaction ID: SB23-82599 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Sylvia Ashby 2711 24th Street | | Amount of Each Disbursement this Period 15.00 |
| City Lubbock State TX Zip Code 79410 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 90.00 |
| 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. Stabenow for US Senate | | Transaction ID: SB23-82600 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Sylvia Ashby 2711 24th Street | | Amount of Each Disbursement this Period 15.00 |
| City Lubbock State TX Zip Code 79410 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stabenow for US Senate | | Transaction ID: SB23-82601 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Reatha Godwin 100 Thorndale Drive Apt. 301 | | Amount of Each Disbursement this Period 50.00 |
| City San Rafael State CA Zip Code 94903 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cantwell 2006 | | Transaction ID: SB23-82677 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Mary Gabrielson 85 Old Goshen Road RR 1 Box 110D | | Amount of Each Disbursement this Period 25.00 |
| City Willimasburg State MA Zip Code 01096 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 90.00 |
| 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. Cantwell 2006 | | Transaction ID: SB23-82678 Date of Disbursement 01 / 30 / 2006 | |
| Mailing Address Jacqueline Knable 878 Sandburg Terrace | | Amount of Each Disbursement this Period 50.00 | |
| City Hendersonville | State NC | | Zip Code 28791 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) B. Cantwell 2006 | | Transaction ID: SB23-82679 Date of Disbursement 01 / 30 / 2006 | |
| Mailing Address Peter Elliott PO Box 478 | | Amount of Each Disbursement this Period 25.00 | |
| City Sawyer | State MI | | Zip Code 49125 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) C. Cantwell 2006 | | Transaction ID: SB23-82680 Date of Disbursement 01 / 30 / 2006 | |
| Mailing Address Alice Johnson 47 Hillside Road | | Amount of Each Disbursement this Period 100.00 | |
| City Watertown | State MA | | Zip Code 02472 |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 175.00 |
| 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. McCaskill for Missouri | | Transaction ID: SB23-82681 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Natalie Horwitz 15 W. Juniper Lane | | Amount of Each Disbursement this Period 50.00 |
| City Moreland Hls | State OH | |
| Zip Code 44022 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. McCaskill for Missouri | | Transaction ID: SB23-82682 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Susan Lampe PO Box 1247 | | Amount of Each Disbursement this Period 25.00 |
| City Tenino | State WA | |
| Zip Code 98589 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. McCaskill for Missouri | | Transaction ID: SB23-82683 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Dixie Grace 1306 Wynridge Drive | | Amount of Each Disbursement this Period 50.00 |
| City Saint Paul | State MN | |
| Zip Code 55112 | | Category/ Type |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 125.00 |
| 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. Diane Farrell for Congress | | Transaction ID: SB23-82684 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Ruth Lowy 551 Thain Way | | Amount of Each Disbursement this Period 100.00 |
| City Palo Alto State CA Zip Code 94306 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Diane Farrell for Congress | | Transaction ID: SB23-82685 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Rachel Goldman 11 Charlton Street Apt. 3A | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10014 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Klobuchar for Minnesota | | Transaction ID: SB23-82686 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Mary Gabrielson 85 Old Goshen Road RR 1 Box 110D | | Amount of Each Disbursement this Period 25.00 |
| City Willimasburg State MA Zip Code 01096 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 225.00 |
| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Klobuchar for Minnesota</p> <p>Full Name (Last, First, Middle Initial) Natalie Horwitz 15 W. Juniper Lane</p> <p>Mailing Address</p> <p>City: Moreland Hls State: OH Zip Code: 44022</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB23-82687</p> <p>Date of Disbursement: 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period: 50.00</p> |
|--|--|--|

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|---|--|---|
| <p>B. Klobuchar for Minnesota</p> <p>Full Name (Last, First, Middle Initial) Rachel Goldman 11 Charlton Street Apt. 3A</p> <p>Mailing Address</p> <p>City: New York State: NY Zip Code: 10014</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB23-82688</p> <p>Date of Disbursement: 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period: 100.00</p> |
|---|--|---|

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|---|--|--|
| <p>C. Klobuchar for Minnesota</p> <p>Full Name (Last, First, Middle Initial) Susan Lampe PO Box 1247</p> <p>Mailing Address</p> <p>City: Tenino State: WA Zip Code: 98589</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB23-82689</p> <p>Date of Disbursement: 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period: 25.00</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>175.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p>.....</p> |

**SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Klobuchar for Minnesota</p> <p>Full Name (Last, First, Middle Initial) Klobuchar for Minnesota</p> <p>Mailing Address Dixie Grace 1306 Wynridge Drive</p> <p>City Saint Paul State MN Zip Code 55112</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82690</p> <p>Date of Disbursement 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>B. Lois Murphy for Congress</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy for Congress</p> <p>Mailing Address Peter Elliott PO Box 478</p> <p>City Sawyer State MI Zip Code 49125</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82691</p> <p>Date of Disbursement 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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|---|--|---|
| <p>C. Lois Murphy for Congress</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy for Congress</p> <p>Mailing Address Alice Johnson 47 Hillside Road</p> <p>City Watertown State MA Zip Code 02472</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB23-82692</p> <p>Date of Disbursement 01 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>175.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Allyson Schwartz Contributions Full Name (Last, First, Middle Initial) Allyson Schwartz Contributions Mailing Address Christopher Walker 101 Cherrywood Road City Port Matilda State PA Zip Code 16870 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978702 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 5.00 [MEMO ITEM] MEMO |
|---|--|---|

| | | |
|--|--|--|
| B. Allyson Schwartz Contributions Full Name (Last, First, Middle Initial) Allyson Schwartz Contributions Mailing Address Diane Wroblewski 11 Rosemary Court City Midland State MI Zip Code 48640 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978703 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
|--|--|--|

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|--|--|--|
| C. Allyson Schwartz Contributions Full Name (Last, First, Middle Initial) Allyson Schwartz Contributions Mailing Address Frances Park 16361 Rhone Lane City Huntington Beach State CA Zip Code 92647 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978704 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Allyson Schwartz Contributions | | Transaction ID: 61978705 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Matthew Davis 3100 Lake Mendota Drive | | Amount of Each Disbursement this Period 200.00 |
| City Madison | State WI | |
| Zip Code 53705 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Allyson Schwartz Contributions | | Transaction ID: 61978706 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Lou Serra 2525 Pennsylvania Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Weirton | State WV | |
| Zip Code 26062 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Allyson Schwartz Contributions | | Transaction ID: 61978707 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Kenneth Salinger 18 Putnam Road | | Amount of Each Disbursement this Period 200.00 |
| City Arlington | State MA | |
| Zip Code 02474 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Allyson Schwartz Contributions | | Transaction ID: 61978708 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Janet Brody 506 Conshohocken State Road | | Amount of Each Disbursement this Period 50.00 |
| City Narberth State PA Zip Code 19072 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Allyson Schwartz Contributions | | Transaction ID: 61978709 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Robert Kansas 725 Robin Way S. | | Amount of Each Disbursement this Period 25.00 |
| City Satellite Beach State FL Zip Code 32937 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Allyson Schwartz Contributions | | Transaction ID: 61978710 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Mary Nelson 12131 Long Ridge Lane | | Amount of Each Disbursement this Period 50.00 |
| City Bowie State MD Zip Code 20715 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 328 / 1289

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Allyson Schwartz Contributions | | Transaction ID: 61978711 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Susan Semonoff 15700 Van Aken Blvd Apt 9 | | Amount of Each Disbursement this Period 50.00 |
| City Cleveland State OH Zip Code 44120 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Allyson Schwartz Contributions | | Transaction ID: 61978712 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Carole Popchock 120 Lilac Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Pittsburgh State PA Zip Code 15229 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Allyson Schwartz Contributions | | Transaction ID: 61978713 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Linda Yenkin 123 Cypress Street | | Amount of Each Disbursement this Period 75.00 |
| City Newton Center State MA Zip Code 02459 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 329 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978714 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Esther Sinclair 43 Tamalpais Ave | | Amount of Each Disbursement this Period 100.00 |
| City San Anselmo State CA Zip Code 94960 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978715 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Judith Russell 2426 Westside Drive | | Amount of Each Disbursement this Period 50.00 |
| City North Chili State NY Zip Code 14514 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978716 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Seymour Grossman 2661 Cedar Street | | Amount of Each Disbursement this Period 50.00 |
| City Berkeley State CA Zip Code 94708 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lois Herrmann 530 Calle Corvo City Santa Fe State NM Zip Code 87501 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978717 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 40.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Sondra Stein 905 East Oak Dr City Durham State NC Zip Code 27705 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978718 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Todd Evans 2086 East Lake Road City Atlanta State GA Zip Code 30307 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978719 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Karen Lombardi 1416 T Street NW City Washington State DC Zip Code 20009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978720 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Bill Handschin 2095 Skyway Drive City Saint Paul State MN Zip Code 55119 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978721 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Heather Taylor 6432 Old Goose Creek Rd City Middleburg State VA Zip Code 20117 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978722 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
|--|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Carolyn McKenzie 11090 SE 240th Place City Gresham State OR Zip Code 97080 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978723 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Shirley Brown 146 Tudor Oval City Westfield State NJ Zip Code 07090 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978724 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Alice Wiren 4250 NE 88th Street City Seattle State WA Zip Code 98115 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978725 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Jean Kahan 2022 Brookside Drive City: Scotch Plains State: NJ Zip Code: 07076 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978726 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Chuck Williams 20540 Pinnacle Way City: Malibu State: CA Zip Code: 90265 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978727 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Karen Redlener 41 Saldo Circle City: New Rochelle State: NY Zip Code: 10804 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978728 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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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)

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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

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Carol Seibert 2611 Lake Street City San Francisco State CA Zip Code 94121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978729 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Sarah Burke 845 West End Avenue, # 14A City New York State NY Zip Code 10025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978730 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Patricia Colburn 1559 Oakdale Street City Pasadena State CA Zip Code 91106 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978731 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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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)

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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978732 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Frances Hanners 3007 Plymouth Drive | | Amount of Each Disbursement this Period 100.00 |
| City Bellingham State WA Zip Code 98225 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978733 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Margaret Bowman 1448 Sunshade Lane | | Amount of Each Disbursement this Period 25.00 |
| City San Jose State CA Zip Code 95122 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978734 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Helen Simmons PO Box 965 | | Amount of Each Disbursement this Period 100.00 |
| City Pauma Valley State CA Zip Code 92061 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

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|---|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Glenda Dugan 199 Los Banos Avenue City: Walnut Creek State: CA Zip Code: 94598 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978735 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Jane Hopkins 20650 Lomita Avenue City: Saratoga State: CA Zip Code: 95070 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978736 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Elizabeth Horton 3131 Excelsior Blvd. #902 City: Minneapolis State: MN Zip Code: 55416 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978737 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Lucille Cooper 5460 Paseo del Lago, # A City: Laguna Woods State: CA Zip Code: 92637 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978738 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: David Pyne 7248 Eaton Court City: Dexter State: MI Zip Code: 48130 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978739 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Carl Langenhop 2200 Greentree N. Apt. 1107 City: Clarksville State: IN Zip Code: 47129 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978740 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978741 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Charlotte Bird 4182 Ingalls Street | | Amount of Each Disbursement this Period 50.00 |
| City San Diego | State CA | |
| Zip Code 92103 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978742 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Virginia Bowman 31 Dogwood Lane | | Amount of Each Disbursement this Period 50.00 |
| City Pomona | State NY | |
| Zip Code 10970 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978743 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Vivian Crabtree 2661 Tallant Rd Apt MN724 | | Amount of Each Disbursement this Period 100.00 |
| City Santa Barbara | State CA | |
| Zip Code 93105 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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

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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

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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Elizabeth Sherwin 403 James Wood Court City New Milford State NJ Zip Code 07646 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978744 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Suzy Platt 807 N. Howard, # 314 City Alexandria State VA Zip Code 22304 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978745 Date of Disbursement 01 / 16 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Mary Rose 706 Kettner Blvd City San Diego State CA Zip Code 92101 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978746 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978747 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Frances Pepper 233 Oliver Road | | Amount of Each Disbursement this Period 100.00 |
| City Cincinnati State OH Zip Code 45215 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978748 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Mary Kalas 40 Melrose Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Albany State NY Zip Code 12203 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978749 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Kenneth Deed 657A Heritage Village | | Amount of Each Disbursement this Period 25.00 |
| City Southbury State CT Zip Code 06488 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

| | | |
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| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978750 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Kathleen Geissler 522 Highland Avenue | | Amount of Each Disbursement this Period 50.00 |
| City East Lansing State MI Zip Code 48823 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978751 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Kathryn Janson 193K Marthas Road | | Amount of Each Disbursement this Period 50.00 |
| City Alexandria State VA Zip Code 22307 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978752 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address Gayle Hardt 6977 Wentworth Ave. SW | | Amount of Each Disbursement this Period 25.00 |
| City Port Orchard State WA Zip Code 98367 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978753 Date of Disbursement 01 / 25 / 2006 |
| Mailing Address Lorna Brodtkorb 123 Sharon Road | | Amount of Each Disbursement this Period 25.00 |
| City Lakeville State CT Zip Code 06039 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978754 Date of Disbursement 01 / 23 / 2006 |
| Mailing Address Elaine Bevilacqua 110 D Street S.E. | | Amount of Each Disbursement this Period 35.00 |
| City Washington State DC Zip Code 20003 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978755 Date of Disbursement 01 / 30 / 2006 |
| Mailing Address Ruth Lefevre 33664 Hampton Road | | Amount of Each Disbursement this Period 20.00 |
| City Eugene State OR Zip Code 97405 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Devoney Looser 302 Westwood Avenue City: Columbia State: MO Zip Code: 65203 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978756 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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|--|--|---|
| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Gloria Gray 436 Crestover Circle City: Richardson State: TX Zip Code: 75080 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978757 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Deborah Chassman 1705 Woodman Drive City: McLean State: VA Zip Code: 22101 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978758 Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978759 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Marjorie Vanek 10241 York Road | | Amount of Each Disbursement this Period 100.00 |
| City N. Royalton State OH Zip Code 44133 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978760 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Donna Benaroya 1374 Alki Avenue SW, # 300 | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98116 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978761 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Morris Moore 4145 Amber Street | | Amount of Each Disbursement this Period 25.00 |
| City Boulder State CO Zip Code 80304 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978762 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Susan Macfarlan 1408 Sunshine Canyon | | Amount of Each Disbursement this Period 500.00 |
| City Boulder State CO Zip Code 80302 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978763 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Thomas Kearney 235 S. Mansfield Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Los Angeles State CA Zip Code 90036 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978764 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address Sarah Everett 79 Florence St. | | Amount of Each Disbursement this Period 25.00 |
| City Chestnut Hill State MA Zip Code 02467 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

| | | |
|---|--|--|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Douglas Tucker 1519 Escalona Drive City Santa Cruz State CA Zip Code 95060 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978765 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Francine Belkind 2719 Woolsey Street City Berkeley State CA Zip Code 94705 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978766 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Pamela Drexel 303 East 57th Street, # 23E City New York State NY Zip Code 10022 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978767 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Rosalie Heller 301 El Viento Street City Los Alamos State NM Zip Code 87544 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978768 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Scott Swanson 6512 Caroline Avenue City Indianapolis State IN Zip Code 46220 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978769 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address M.J. Moltenbrey 2328 Champlain Street, NW City Washington State DC Zip Code 20009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978770 Date of Disbursement 01 / 09 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Rita Lang 2 Red Oak Road City Greenville State SC Zip Code 29615 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978771 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lois Walker 3551 Hartstine Island South City Shelton State WA Zip Code 98584 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978772 Date of Disbursement 01 / 29 / 2006 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lester Mazor Goerres Str 1 City 12161 Berlin State Zip Code 00000 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978773 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978774 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Pamela Tuson 101 Rudy's Knob Lane | | Amount of Each Disbursement this Period 15.00 |
| City Arcata State CA Zip Code 95521 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978775 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Kupferberg 2001 Hamilton Street | | Amount of Each Disbursement this Period 100.00 |
| City Philadelphia State PA Zip Code 19130 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978776 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Jerrold Yos 1001 Main Street Unit 34 | | Amount of Each Disbursement this Period 100.00 |
| City Woburn State MA Zip Code 01801 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978777 Date of Disbursement 01 / 17 / 2006 |
| Mailing Address Frances Park 16361 Rhone Lane | | Amount of Each Disbursement this Period 50.00 |
| City Huntington Beach State CA Zip Code 92647 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978778 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Sally Carson 3153 N 17th Street | | Amount of Each Disbursement this Period 150.00 |
| City Arlington State VA Zip Code 22201 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978779 Date of Disbursement 01 / 23 / 2006 |
| Mailing Address Kathryn Anastos 41 Lewis Parkway | | Amount of Each Disbursement this Period 100.00 |
| City Yonkers State NY Zip Code 10705 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978780 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Melody Robidoux 10128 Se 16Th Place | | Amount of Each Disbursement this Period 1000.00 |
| City Bellevue State WA Zip Code 98004 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978781 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Cynthia Kondon 29910 Avenida Anillo | | Amount of Each Disbursement this Period 100.00 |
| City RanchoPalosVerdes State CA Zip Code 90275 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978782 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Gretchen Roose 7 Holly Drive | | Amount of Each Disbursement this Period 25.00 |
| City Boynton Beach State FL Zip Code 33436 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Meg Dwyer 128 Gables Place City Rutland State VT Zip Code 05701 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978783 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Joan Madden 2328 W. 53rd Street City Minneapolis State MN Zip Code 55410 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978784 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Phyllis Broyles PO Box 2216 City McKinleyville State CA Zip Code 95519 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978785 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Emily Reed 2241 165th Street City: Spirit Lake State: IA Zip Code: 51360 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978786 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Harold Tulchin 8 Rittenhouse Road City: Bronxville State: NY Zip Code: 10708 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978787 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Diana Morabito 1976 Abinante Lane City: San Jose State: CA Zip Code: 95124 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978788 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lenore Berck 604 Ramapo Road City Teaneck State NJ Zip Code 07666 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978789 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Gretchen Tatting Imperial House City Washington State DC Zip Code 20009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978790 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Jean Stapleton 3232 Philo Street City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978791 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Beverly Hanson PO Box 570711 City: Tarzana State: CA Zip Code: 91357 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978792 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period _____ 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Joan Bolker 10 chester st. City: Newton State: MA Zip Code: 02461 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978793 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period _____ 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Dearmont 101 Oak Crest Drive City: Bertram State: TX Zip Code: 78605 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978794 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period _____ 20.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Ann Ziegler 1009 Los Arboles Avenue NW</p> <p>City Albuquerque State NM Zip Code 87107</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978795 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Cordelia Ontiveros 1450 E North Hills Drive</p> <p>City La Habra State CA Zip Code 90631</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978796 Date of Disbursement: 01 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Sondra Langweil 37 Valerian Court</p> <p>City N. Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978797 Date of Disbursement: 01 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978798 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Lesley Birch 135 Rio Robles E # 122 | | Amount of Each Disbursement this Period 50.00 |
| City San Jose State CA Zip Code 95134 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978799 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Susan Auchincloss 8 Library Ln | | Amount of Each Disbursement this Period 50.00 |
| City Woodstock State NY Zip Code 12498 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978800 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Deborah Sosebee 701 Trestle Glen Road | | Amount of Each Disbursement this Period 100.00 |
| City Oakland State CA Zip Code 94610 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978801 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Pamela Bailey 820 37th Street | | Amount of Each Disbursement this Period 50.00 |
| City Moline State IL Zip Code 61265 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978802 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Carl Larrick 240 East Avenue, Apt. 407 | | Amount of Each Disbursement this Period 50.00 |
| City Saint Paul State MN Zip Code 55115 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978803 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Ann Jost 5929 Heather Drive, S.W. | | Amount of Each Disbursement this Period 100.00 |
| City Rochester State MN Zip Code 55902 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978804 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Elizabeth Zeck 111 South Sims Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Columbia State SC Zip Code 29205 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978805 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Frances Blackmond 2972 Wildwood Road Ext. | | Amount of Each Disbursement this Period 50.00 |
| City Allison Park State PA Zip Code 15101 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978806 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Peggy Glick 5520 S Marine Drive | | Amount of Each Disbursement this Period 100.00 |
| City Tempe State AZ Zip Code 85283 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Denise Price 620 E. Rockaway Drive</p> <p>City Placentia State CA Zip Code 92870</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978807 Date of Disbursement 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Shari Schubot 1471 Folsom Road</p> <p>City Loxahatchee State FL Zip Code 33470</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978808 Date of Disbursement 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Stefan Athanasiadis 5215 Pipe Creek Road</p> <p>City Batesville State IN Zip Code 47006</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978809 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Audrey Unger 1709 Raintree Road</p> <p>City Fullerton State CA Zip Code 92835</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978810 Date of Disbursement 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Abigail Faulkner 345 Kelton Road</p> <p>City East Montpelier State VT Zip Code 05651</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978811 Date of Disbursement 01 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Mary Schwalbe 129 East 69th Street, # 12A</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978812 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Bonnie Linde 40 Palm Court City Menlo Park State CA Zip Code 94025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978813 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 75.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Phoebe Hansen 1716 Northfield Sq Apt. A City Northfield State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978814 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Sherry Guzzi PO Box 7763 City Tahoe City State CA Zip Code 96145 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978815 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Lucy Calautti 818 A Street, SE City washington State DC Zip Code 20003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978816 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Susan Ralston 35 East 75 Street, # 4E City New York State NY Zip Code 10021 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978817 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address John Lavelly 36407 Sereno Common City Fremont State CA Zip Code 94536 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978818 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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:
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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978819 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Ann Tobin PO Box 667017 | | Amount of Each Disbursement this Period 100.00 |
| City Pompano Beach State FL Zip Code 33066 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978820 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Mona Walz 331 Scio Village Court | | Amount of Each Disbursement this Period 30.00 |
| City Ann Arbor State MI Zip Code 48103 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978821 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Clifford Stults 833 Hidden Hills Drive | | Amount of Each Disbursement this Period 50.00 |
| City Bellevue State NE Zip Code 68005 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Molly Cronin 18955 Ridgewood Road</p> <p>City Wayzata State MN Zip Code 55391</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978822 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Carol Jennings 2308 Pine Knoll Drive # 1</p> <p>City Walnut Creek State CA Zip Code 94595</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978823 Date of Disbursement: 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Janet Amphlett 8 1/2 Ash Street Place</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978824 Date of Disbursement: 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Dawn Day 99 Meadowbrook Drive City Princeton State NJ Zip Code 08540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978825 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Fay Bussgang 2 Forest Street City Lexington State MA Zip Code 02421 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978826 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Gwendolyn Straight 651 Sinex Avenue City Pacific Grove State CA Zip Code 93950 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978827 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Kathe Thompson 15109 Banbury Way City: Wellington State: FL Zip Code: 33414 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978828 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Sally Brown 1060 Copeland Road City: Maple Plain State: MN Zip Code: 55359 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978829 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address: Barbara Corwin 1230 Winding Ridge Terrace City: Colorado Springs State: CO Zip Code: 80919 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978830 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Lee Kennedy 15750 Vose Street City Van Nuys State CA Zip Code 91406 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978831 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Amy Potvin 17329 81st Avenue N. City Maple Grove State MN Zip Code 55311 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978832 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Roy Lambert 12300 NW 56th Ave City Gainesville State FL Zip Code 32653 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978833 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978834 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Carol Hobart 9367 Nesbitt Road | | Amount of Each Disbursement this Period 25.00 |
| City Bloomington State MN Zip Code 55437 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978835 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Pat Deutch 51 Clifton Street | | Amount of Each Disbursement this Period 100.00 |
| City Belmont State MA Zip Code 02478 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978836 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Emma Rosow 122 Green Way | | Amount of Each Disbursement this Period 50.00 |
| City Wayland State MA Zip Code 01778 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978837 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Pamela Roderick 111 Hicks Street, # 25b | | Amount of Each Disbursement this Period 100.00 |
| City Brooklyn State NY Zip Code 11201 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978838 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Barbara Rubin 7 Lexington Avenue | | Amount of Each Disbursement this Period 15.00 |
| City New York State NY Zip Code 10010 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978839 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Pat Harris 3502 E. 4th Street | | Amount of Each Disbursement this Period 50.00 |
| City Tucson State AZ Zip Code 85716 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Tom Zeller 6620 East State Road 45</p> <p>City Bloomington State IN Zip Code 47408</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978840 Date of Disbursement 01 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Elizabeth Ehrenfeld 6 Shoreline Drive</p> <p>City Falmouth State ME Zip Code 04105</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978841 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Geneva Loveland 4801 Connecticut Avenue</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978842 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

**SCHEDULE 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

| | | |
|--|--|---|
| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar</p> <p>Mailing Address Gino Crocetti 652 W. 163 Street # 28</p> <p>City New York State NY Zip Code 10032</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978843 Date of Disbursement 01 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar</p> <p>Mailing Address Paula Botstein 544 4th Street</p> <p>City Brooklyn State NY Zip Code 11215</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978844 Date of Disbursement 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar</p> <p>Mailing Address Phyllis Smith 511 Moss Avenue</p> <p>City Paso Robles State CA Zip Code 93446</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61978845 Date of Disbursement 01 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Edith Hersher 212 Beers Road City Easton State CT Zip Code 06612 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978846 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Landon Storrs 1817 Oxford Street City Houston State TX Zip Code 77008 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978847 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Eleanor Katz 315 West 70th Street, # 9H City New York State NY Zip Code 10023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978848 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Klobuchar Contributions | | Transaction ID: 61978849 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Dorothy Baker 4196 Diamond Drive | | Amount of Each Disbursement this Period 100.00 |
| City Eagan State MN Zip Code 55122 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978850 Date of Disbursement 01 / 24 / 2006 |
| Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 | | Amount of Each Disbursement this Period 25.00 |
| City San Francisco State CA Zip Code 94102 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978851 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Deidre Young 377 Mill Lane | | Amount of Each Disbursement this Period 25.00 |
| City Phoenixville State PA Zip Code 19460 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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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) A. Amy Klobuchar Contributions | | Transaction ID: 61978852 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Patricia Matson 17970 Meadowlark Lane | | Amount of Each Disbursement this Period 20.00 |
| City Lake Oswego State OR Zip Code 97034 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978853 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Suzanne Lerner 127 E. Ninth Street, # 1103 | | Amount of Each Disbursement this Period 500.00 |
| City Los Angeles State CA Zip Code 90015 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978854 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Cecily Baskir 2012 Wyoming Avenue NW | | Amount of Each Disbursement this Period 50.00 |
| City Washington State DC Zip Code 20009 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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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

| | | |
|--|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Rosalie Davison 18 Branchwood Court City Baltimore State MD Zip Code 21208 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978855 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Roslyn Barouch 6215 W. 77th Street City Los Angeles State CA Zip Code 90045 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978856 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Nancy Graham 2646 S Steele Street City Denver State CO Zip Code 80210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978857 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address John Jevitts 97 North Main Street City West Hartford State CT Zip Code 06107 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978858 Date of Disbursement 01 / 21 / 2006 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Larry Wuokko 2572 County Road 601 City Republic State MI Zip Code 49879 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978859 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Ann Denton 764 Constanza Drive City Henderson State KY Zip Code 42420 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978860 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Ann Gold 64 Chichester Road City Monroe Twsp State NJ Zip Code 08831 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978861 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 108.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Michelle Johnston 608 4th Avenue City Sacramento State CA Zip Code 95818 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978862 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Robert Mason 1415 Broadway City Fargo State ND Zip Code 58102 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978863 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address George Ranney 91 Prospect Street City Port Chester State NY Zip Code 10573 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978864 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Joanne Parker 3831 Turtle Creek Blvd #12B City Dallas State TX Zip Code 75219 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978865 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lucinda Emmet 40040 Little Oatlands Lane City Leesburg State VA Zip Code 20175 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978866 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Barbara Davis 4800 23rd Road S. City: Arlington State: VA Zip Code: 22206 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978867 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Jean Kindleberger 19 Prentiss Street City: Cambridge State: MA Zip Code: 02140 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978868 Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address: Estelle Voeller 1365 Tolman Creek Road City: Ashland State: OR Zip Code: 97520 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978869 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Cami Elbow 47 Pokeberry Ridge City Amherst State MA Zip Code 01002 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978870 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Jon Grabanski 1385 Awatukee Trail City Hudson State WI Zip Code 54016 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978871 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Lillian Kellman PO Box 8 City Menemsha State MA Zip Code 02552 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978872 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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

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(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Julie Fershtman 31700 Briarcliff Road City Franklin State MI Zip Code 48025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978873 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Carol Aaron 390 Bleecker Street City New York State NY Zip Code 10014 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978874 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Elizabeth Werthan 6701 Springbank Street City Philadelphia State PA Zip Code 19119 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978875 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
EMILY's List

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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Martha Solano 4622 Citation Court City Batavia State OH Zip Code 45103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978876 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Jennifer Smith 64 O. Street City Boston State MA Zip Code 02127 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978877 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Jolly Ann Whitener 10 Oak Hollow Drive City St. Peters State MO Zip Code 63376 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978878 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

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| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Ethlie Vare 8107 Amor Road</p> <p>City Los Angeles State CA Zip Code 90046</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978879 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Beth Rector 415 Oak Street</p> <p>City Chadbourn State NC Zip Code 28431</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978880 Date of Disbursement 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Jonathan Rigg 15 Potter Street</p> <p>City Brunswick State ME Zip Code 04011</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978881 Date of Disbursement 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> | <p>0.00</p> |
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Laurie Zastrow 26 School Street, Apt. 2 City Hull State MA Zip Code 02045 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978882 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 180.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Sarah Dunning 9239 Hathaway Street City Dallas State TX Zip Code 75220 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978883 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Leslie Wagner 1520 York Ave. #23B City New York State NY Zip Code 10028 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978884 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

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| Full Name (Last, First, Middle Initial) A. Amy Klobuchar Contributions | | Transaction ID: 61978885 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Patsy Rogers PO Box 616 | | Amount of Each Disbursement this Period 250.00 |
| City New Suffolk State NY Zip Code 11956 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Amy Klobuchar Contributions | | Transaction ID: 61978886 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Janet Eaton 1235 Marriottsville Road | | Amount of Each Disbursement this Period 100.00 |
| City Marriottsville State MD Zip Code 21104 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Amy Klobuchar Contributions | | Transaction ID: 61978887 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Jo Doerr 6436 N. Hamilton Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Chicago State IL Zip Code 60645 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Wanda VanGoor 3510 Husted Drive</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61978888</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Robert Kansas 725 Robin Way S.</p> <p>City Satellite Beach State FL Zip Code 32937</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61978889</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Julie Codell 1316 E. McNair Drive</p> <p>City Tempe State AZ Zip Code 85283</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61978890</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
EMILY's List

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| <p>A. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Margery Thompson 3512 Shepherd Street</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978891 Date of Disbursement: 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Steven Saeger 4474 Greenbriar Blvd</p> <p>City Boulder State CO Zip Code 80305</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978892 Date of Disbursement: 01 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Amy Klobuchar Contributions</p> <p>Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions</p> <p>Mailing Address Mary Grisco P.O. Box 202045</p> <p>City Anchorage State AK Zip Code 99520</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978893 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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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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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Shelley Gordon 300 N State St City Chicago State IL Zip Code 60610 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978894 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address David Talbott 1049 Lakemount Drive City Moneta State VA Zip Code 24121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978895 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Shirley Bandy 100 Mortier Drive, # 506 City College Station State TX Zip Code 77845 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978896 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Katherine Howard 717 9th Avenue City San Francisco State CA Zip Code 94118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978897 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Patty Jay 11213 Clear Oak Circle City New Port Richey State FL Zip Code 34654 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978898 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Amy Klobuchar Contributions Mailing Address Catherine Gant P. O. Box 1253 City Silverthorne State CO Zip Code 80498 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978899 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| A. Amy Klobuchar Contributions Full Name (Last, First, Middle Initial) Mailing Address Susan Chase 84 Ashwood Avenue City Summit State NJ Zip Code 07901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978900 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Joanne Parker 3831 Turtle Creek Blvd #12B City Dallas State TX Zip Code 75219 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978901 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Pamela Bailey 820 37th Street City Moline State IL Zip Code 61265 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978902 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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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)

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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

| | | |
|--|--|---|
| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Marjorie Dearmont 101 Oak Crest Drive City Bertram State TX Zip Code 78605 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978903 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Laurie Zastrow 26 School Street, Apt. 2 City Hull State MA Zip Code 02045 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978904 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 180.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Carol Ducak 14 E 56th Street City Kansas City State MO Zip Code 64113 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978905 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
|---|--|---|
| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Anne Moore 29 Surrey Lane City San Rafael State CA Zip Code 94903 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978906 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Lois Walker 3551 Hartstine Island South City Shelton State WA Zip Code 98584 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978907 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Pat Deutch 51 Clifton Street City Belmont State MA Zip Code 02478 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978908 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978909 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Seymour Grossman 2661 Cedar Street | | Amount of Each Disbursement this Period 50.00 |
| City Berkeley State CA Zip Code 94708 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978910 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Suzanne Lerner 127 E. Ninth Street, # 1103 | | Amount of Each Disbursement this Period 500.00 |
| City Los Angeles State CA Zip Code 90015 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978911 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Wanda VanGoor 3510 Husted Drive | | Amount of Each Disbursement this Period 100.00 |
| City Chevy Chase State MD Zip Code 20815 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978912 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Sherry Guzzi PO Box 7763 | | Amount of Each Disbursement this Period 50.00 |
| City Tahoe City State CA Zip Code 96145 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978913 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Jolly Ann Whitener 10 Oak Hollow Drive | | Amount of Each Disbursement this Period 50.00 |
| City St. Peters State MO Zip Code 63376 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978914 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Chuck Williams 20540 Pinnacle Way | | Amount of Each Disbursement this Period 50.00 |
| City Malibu State CA Zip Code 90265 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978915 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Deborah Chassman 1705 Woodman Drive | | Amount of Each Disbursement this Period 50.00 |
| City McLean State VA Zip Code 22101 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978916 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Stefan Athanasiadis 5215 Pipe Creek Road | | Amount of Each Disbursement this Period 10.00 |
| City Batesville State IN Zip Code 47006 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978917 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Abigail Faulkner 345 Kelton Road | | Amount of Each Disbursement this Period 250.00 |
| City East Montpelier State VT Zip Code 05651 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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

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(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

| | | |
|---|--|--|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Tom Zeller 6620 East State Road 45</p> <p>City Bloomington State IN Zip Code 47408</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978918 Date of Disbursement: 01 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Bonnie Linde 40 Palm Court</p> <p>City Menlo Park State CA Zip Code 94025</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978919 Date of Disbursement: 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Lois Herrmann 530 Calle Corvo</p> <p>City Santa Fe State NM Zip Code 87501</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978920 Date of Disbursement: 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Sally Carson 3153 N 17th Street City: Arlington State: VA Zip Code: 22201 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978921 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Sarah Jones P.O. Box 186 City: Riderwood State: MD Zip Code: 21139 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978922 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Paula Botstein 544 4th Street City: Brooklyn State: NY Zip Code: 11215 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978923 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978924 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Vivian Crabtree 2661 Tallant Rd Apt MN724 | | Amount of Each Disbursement this Period 100.00 |
| City Santa Barbara State CA Zip Code 93105 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978925 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Catherine Gant P. O. Box 1253 | | Amount of Each Disbursement this Period 100.00 |
| City Silverthorne State CO Zip Code 80498 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978926 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address Diana Morabito 1976 Abinante Lane | | Amount of Each Disbursement this Period 100.00 |
| City San Jose State CA Zip Code 95124 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Roy Lambert 12300 NW 56th Ave</p> <p>City Gainesville State FL Zip Code 32653</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978927 Date of Disbursement 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Sarah Burke 845 West End Avenue, # 14A</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978928 Date of Disbursement 01 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Peggy Glick 5520 S Marine Drive</p> <p>City Tempe State AZ Zip Code 85283</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978929 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Janet Nielsen 2717 Hollister Hill Road City Mansfield State VT Zip Code 05658 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978930 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Dawn Day 99 Meadowbrook Drive City Princeton State NJ Zip Code 08540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978931 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Lee Kennedy 15750 Vose Street City Van Nuys State CA Zip Code 91406 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978932 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978933 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Carol Carpenter-Yaman 2554 N. Wakefield Street | | Amount of Each Disbursement this Period 100.00 |
| City Arlington State VA Zip Code 22207 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978934 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Susan Ralston 35 East 75 Street, # 4E | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10021 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978935 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Morton 9 Darlington Court | | Amount of Each Disbursement this Period 100.00 |
| City Pittsburgh State PA Zip Code 15217 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978936 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Marjorie Vanek 10241 York Road | | Amount of Each Disbursement this Period 100.00 |
| City N. Royalton State OH Zip Code 44133 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978937 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Donna Benaroya 1374 Alki Avenue SW, # 300 | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98116 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978938 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Francine Belkind 2719 Woolsey Street | | Amount of Each Disbursement this Period 25.00 |
| City Berkeley State CA Zip Code 94705 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Charlotte Brooks 2566 Villa Lane City: Cincinnati State: OH Zip Code: 45208 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978939 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Audrey Bell 44866 N. Rodin Avenue City: Lancaster State: CA Zip Code: 93535 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978940 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address: Devoney Looser 302 Westwood Avenue City: Columbia State: MO Zip Code: 65203 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978941 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Claire McCaskill Contributions | | Transaction ID: 61978942 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Estelle Voeller 1365 Tolman Creek Road | | Amount of Each Disbursement this Period 100.00 |
| City Ashland State OR Zip Code 97520 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978943 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 | | Amount of Each Disbursement this Period 25.00 |
| City San Francisco State CA Zip Code 94102 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978944 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Carol Shuh 7505 Fisher Drive | | Amount of Each Disbursement this Period 30.00 |
| City Falls Church State VA Zip Code 22043 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978945 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Lesley Birch 135 Rio Robles E # 122 | | Amount of Each Disbursement this Period 50.00 |
| City San Jose State CA Zip Code 95134 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978946 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address George Ranney 91 Prospect Street | | Amount of Each Disbursement this Period 15.00 |
| City Port Chester State NY Zip Code 10573 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978947 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Leslie Wagner 1520 York Ave. #23B | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10028 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978948 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Mary Elizabeth Gordon 8101 Pennsylvania Lane | | Amount of Each Disbursement this Period 100.00 |
| City Kansas City State MO Zip Code 64114 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978949 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 |
| Mailing Address Suzy Platt 807 N. Howard, # 314 | | Amount of Each Disbursement this Period 50.00 |
| City Alexandria State VA Zip Code 22304 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978950 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Mary Whitehead 6024 Songbird Drive | | Amount of Each Disbursement this Period 25.00 |
| City Pensacola State FL Zip Code 32503 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978951 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Rosalie Davison 18 Branchwood Court | | Amount of Each Disbursement this Period 100.00 |
| City Baltimore State MD Zip Code 21208 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978952 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Ann Schneider 3319 Fessenden St., NW | | Amount of Each Disbursement this Period 100.00 |
| City Washington State DC Zip Code 20008 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978953 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Karen Redlener 41 Saldo Circle | | Amount of Each Disbursement this Period 50.00 |
| City New Rochelle State NY Zip Code 10804 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978954 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Beverly Hanson PO Box 570711 | | Amount of Each Disbursement this Period 50.00 |
| City Tarzana | State CA | |
| Zip Code 91357 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978955 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Charlotte Bird 4182 Ingalls Street | | Amount of Each Disbursement this Period 50.00 |
| City San Diego | State CA | |
| Zip Code 92103 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978956 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address Carol Seibert 2611 Lake Street | | Amount of Each Disbursement this Period 25.00 |
| City San Francisco | State CA | |
| Zip Code 94121 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

PAGE 410 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978957 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Kathe Thompson 15109 Banbury Way | | Amount of Each Disbursement this Period 50.00 |
| City Wellington | State FL | |
| Zip Code 33414 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978958 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Emma Rosow 122 Green Way | | Amount of Each Disbursement this Period 50.00 |
| City Wayland | State MA | |
| Zip Code 01778 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978959 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Denise Price 620 E. Rockaway Drive | | Amount of Each Disbursement this Period 50.00 |
| City Placentia | State CA | |
| Zip Code 92870 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Robert Kansas 725 Robin Way S.</p> <p>City Satellite Beach State FL Zip Code 32937</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978960 Date of Disbursement 01 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
|---|--|---|

| | | |
|--|--|---|
| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Nancy Macchia 457 Beacon Street, # 5</p> <p>City Boston State MA Zip Code 02115</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978961 Date of Disbursement 01 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
|--|--|---|

| | | |
|---|--|---|
| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address David Pyne 7248 Eaton Court</p> <p>City Dexter State MI Zip Code 48130</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978962 Date of Disbursement 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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 412 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978963 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Sarah Dunning 9239 Hathaway Street | | Amount of Each Disbursement this Period 200.00 |
| City Dallas State TX Zip Code 75220 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978964 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Roslyn Barouch 6215 W. 77th Street | | Amount of Each Disbursement this Period 100.00 |
| City Los Angeles State CA Zip Code 90045 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978965 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Katherine Howard 717 9th Avenue | | Amount of Each Disbursement this Period 100.00 |
| City San Francisco State CA Zip Code 94118 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 413 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978966 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Marla Jensen 1615 Bittern Court</p> <p>City Carlsbad State CA Zip Code 92011</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>200.00</td> </tr> </table> | 200.00 | | | | | | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> | | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978967 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Shirley Bandy 100 Mortier Drive, # 506</p> <p>City College Station State TX Zip Code 77845</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>10.00</td> </tr> </table> | 10.00 | | | | | | | | | | | | | | | | | | | |
| 10.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> | | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |

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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978968 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Judith Russell 2426 Westside Drive</p> <p>City North Chili State NY Zip Code 14514</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>50.00</td> </tr> </table> | 50.00 | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> | | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <table border="1"> <tr> <td>0.00</td> </tr> </table> | 0.00 |
| 0.00 | | |
| <p>TOTAL This Period (last page this line number only)</p> | <table border="1"> <tr> <td></td> </tr> </table> | |
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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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978969 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Janet Amphlett 8 1/2 Ash Street Place | | Amount of Each Disbursement this Period 20.00 |
| City Cambridge State MA Zip Code 02138 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978970 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Virginia Bowman 31 Dogwood Lane | | Amount of Each Disbursement this Period 50.00 |
| City Pomona State NY Zip Code 10970 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978971 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Lorna Brodtkorb 123 Sharon Road | | Amount of Each Disbursement this Period 25.00 |
| City Lakeville State CT Zip Code 06039 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Lawrie Nickerson PO Box 205</p> <p>City Grafton State NY Zip Code 12082</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978972 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Christopher Walker 101 Cherrywood Road</p> <p>City Port Matilda State PA Zip Code 16870</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978973 Date of Disbursement: 01 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Kenneth Deed 657A Heritage Village</p> <p>City Southbury State CT Zip Code 06488</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61978974 Date of Disbursement: 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Carol Hobart 9367 Nesbitt Road City Bloomington State MN Zip Code 55437 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978975 Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Melody Robidoux 10128 Se 16Th Place City Bellevue State WA Zip Code 98004 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978976 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Emily Reed 2241 165th Street City Spirit Lake State IA Zip Code 51360 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978977 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Heather Taylor 6432 Old Goose Creek Rd City Middleburg State VA Zip Code 20117 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978981 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Carl Langenhop 2200 Greentree N. Apt. 1107 City Clarksville State IN Zip Code 47129 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978982 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Phyllis Ceaser 22 San Jose Court City Walnut Creek State CA Zip Code 94598 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61978983 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978984</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Janet Archer 6153 North Mattox Road</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Kansas City State MO Zip Code 64151</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978985</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Susan Baumgarten 61 Westgate Blvd.</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.00</td> </tr> </table> </p> | 15.00 | | | | | | | | | | | | | | | | | | | |
| 15.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Plandome State NY Zip Code 11030</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61978986</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address Eleanor Katz 315 West 70th Street, # 9H</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> </p> | 50.00 | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City New York State NY Zip Code 10023</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <table border="1"> <tr> <td>0.00</td> </tr> </table> | 0.00 |
| 0.00 | | |
| <p>TOTAL This Period (last page this line number only)</p> | <table border="1"> <tr> <td></td> </tr> </table> | |
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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)

PAGE 420 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978987 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Edith Hersher 212 Beers Road | | Amount of Each Disbursement this Period 50.00 |
| City Easton State CT Zip Code 06612 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978988 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Alan Saleski 2116 Harrison Street | | Amount of Each Disbursement this Period 75.00 |
| City Evanston State IL Zip Code 60201 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978989 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6 |
| Mailing Address Gino Crocetti 652 W. 163 Street # 28 | | Amount of Each Disbursement this Period 50.00 |
| City New York State NY Zip Code 10032 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

PAGE 422 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address: Jean Kahan 2022 Brookside Drive City: Scotch Plains State: NJ Zip Code: 07076 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978993 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|--|--|--|

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|---|--|---|
| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address: Lucille Cooper 5460 Paseo del Lago, # A City: Laguna Woods State: CA Zip Code: 92637 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978994 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|---|--|---|

| | | |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address: Frances Pepper 233 Oliver Road City: Cincinnati State: OH Zip Code: 45215 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61978995 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

PAGE 423 / 1289

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978996 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Thomas Kearney 235 S. Mansfield Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Los Angeles | State CA | |
| Zip Code 90036 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61978997 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Kathleen Geissler 522 Highland Avenue | | Amount of Each Disbursement this Period 50.00 |
| City East Lansing | State MI | |
| Zip Code 48823 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61978998 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Robert West 305 Nautilus Drive | | Amount of Each Disbursement this Period 250.00 |
| City Madison | State WI | |
| Zip Code 53705 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

PAGE 424 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61978999 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Penn Payne 999 Peachtree Street, NE | | Amount of Each Disbursement this Period 100.00 |
| City Atlanta State GA Zip Code 30309 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Sondra Stein 905 East Oak Dr | | Amount of Each Disbursement this Period 25.00 |
| City Durham State NC Zip Code 27705 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979001 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Jan Keithly 48 Elm Street | | Amount of Each Disbursement this Period 250.00 |
| City Albany State NY Zip Code 12202 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 425 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979002 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Janet Eaton 1235 Marriottsville Road | | Amount of Each Disbursement this Period 100.00 |
| City Marriottsville State MD Zip Code 21104 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979003 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Kathryn Gardow 5063 Harold Place NE | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98105 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979004 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sondra Langweil 37 Valerian Court | | Amount of Each Disbursement this Period 10.00 |
| City N. Bethesda State MD Zip Code 20852 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 426 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979005 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 1 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Cynthia Kondon 29910 Avenida Anillo</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: RanchoPalosVerdes State: CA Zip Code: 90275</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____ Category/Type: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979006 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Lillian Kellman PO Box 8</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: Menemsha State: MA Zip Code: 02552</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____ Category/Type: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979007 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Barbara Corwin 1230 Winding Ridge Terrace</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> </p> | 200.00 | | | | | | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: Colorado Springs State: CO Zip Code: 80919</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____ Category/Type: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <table border="1"> <tr> <td>0.00</td> </tr> </table> | 0.00 |
| 0.00 | | |
| <p>TOTAL This Period (last page this line number only)</p> | <table border="1"> <tr> <td> </td> </tr> </table> | |
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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)

PAGE 427 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Geneva Loveland 4801 Connecticut Avenue</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979008 Date of Disbursement: 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Shelley Gordon 300 N State St</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979009 Date of Disbursement: 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Pamela Roderick 111 Hicks Street, # 25b</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979010 Date of Disbursement: 01 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Barbara Davis 4800 23rd Road S. City Arlington State VA Zip Code 22206 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979011 Date of Disbursement 01 / 17 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Marcia Kupferberg 2001 Hamilton Street City Philadelphia State PA Zip Code 19130 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979012 Date of Disbursement 01 / 28 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Tamara Harris 10175 Sunstar Road City Monterey State CA Zip Code 93940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979013 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Patsy Rogers PO Box 616 City New Suffolk State NY Zip Code 11956 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979014 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Mary Schwalbe 129 East 69th Street, # 12A City New York State NY Zip Code 10021 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979015 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Claire McCaskill Contributions Mailing Address Rita Lang 2 Red Oak Road City Greenville State SC Zip Code 29615 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979016 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Claire McCaskill Contributions | | Transaction ID: 61979017 Date of Disbursement 01 / 27 / 2006 |
| Mailing Address Gayle Hardt 6977 Wentworth Ave. SW | | Amount of Each Disbursement this Period 25.00 |
| City Port Orchard | State WA | |
| Zip Code 98367 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979018 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address Judith Malott 1382 Newtown Langhorne Rd | | Amount of Each Disbursement this Period 250.00 |
| City Newtown | State PA | |
| Zip Code 18940 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979019 Date of Disbursement 01 / 24 / 2006 |
| Mailing Address Patty Jay 11213 Clear Oak Circle | | Amount of Each Disbursement this Period 50.00 |
| City New Port Richey | State FL | |
| Zip Code 34654 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
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| 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)

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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

| | | |
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| A. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Jon Grabanski 1385 Awatukee Trail City Hudson State WI Zip Code 54016 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979020 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Carolyn McKenzie 11090 SE 240th Place City Gresham State OR Zip Code 97080 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979021 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Jonathan Rigg 15 Potter Street City Brunswick State ME Zip Code 04011 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979022 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979023 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Steven Saeger 4474 Greenbriar Blvd | | Amount of Each Disbursement this Period 50.00 |
| City Boulder State CO Zip Code 80305 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979024 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Ruth Lefevre 33664 Hampton Road | | Amount of Each Disbursement this Period 20.00 |
| City Eugene State OR Zip Code 97405 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979025 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Paula Florence 2413 48th Avenue NW | | Amount of Each Disbursement this Period 50.00 |
| City Gig Harbor State WA Zip Code 98335 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979026 Date of Disbursement 01 / 17 / 2006 |
| Mailing Address Alice Wiren 4250 NE 88th Street | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98115 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979027 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Denise Gregory 4233 County Road 4006 | | Amount of Each Disbursement this Period 50.00 |
| City Tebbetts State MO Zip Code 65080 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979028 Date of Disbursement 01 / 23 / 2006 |
| Mailing Address Patricia Colburn 1559 Oakdale Street | | Amount of Each Disbursement this Period 100.00 |
| City Pasadena State CA Zip Code 91106 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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) A. Claire McCaskill Contributions | | Transaction ID: 61979029 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Dorothy Baker 4196 Diamond Drive | | Amount of Each Disbursement this Period 100.00 |
| City Eagan State MN Zip Code 55122 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979030 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Barbara Rubin 7 Lexington Avenue | | Amount of Each Disbursement this Period 15.00 |
| City New York State NY Zip Code 10010 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979031 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Kathryn Janson 193K Marthas Road | | Amount of Each Disbursement this Period 50.00 |
| City Alexandria State VA Zip Code 22307 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

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| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979032 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Nancy Owen 5032 Garfield Avenue, South | | Amount of Each Disbursement this Period 100.00 |
| City Minneapolis State MN Zip Code 55419 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979033 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Harold Tulchin 8 Rittenhouse Road | | Amount of Each Disbursement this Period 100.00 |
| City Bronxville State NY Zip Code 10708 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979034 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Phyllis Broyles PO Box 2216 | | Amount of Each Disbursement this Period 35.00 |
| City McKinleyville State CA Zip Code 95519 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979035</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Mary Rose 706 Kettner Blvd</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: San Diego State: CA Zip Code: 92101</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979036</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Jean Kindleberger 19 Prentiss Street</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: Cambridge State: MA Zip Code: 02140</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> | | <p>Transaction ID: 61979037</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| <p>Mailing Address: Ruth Davis PO Box 506</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> </p> | 25.00 | | | | | | | | | | | | | | | | | | | |
| 25.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City: Avon State: IL Zip Code: 61415</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name: _____</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: _____ District: _____</p> | | | | | | | | | | | | | | | | | | | | | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <table border="1"> <tr> <td>0.00</td> </tr> </table> | 0.00 |
| 0.00 | | |
| <p>TOTAL This Period (last page this line number only)</p> | <table border="1"> <tr> <td> </td> </tr> </table> | |
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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)

PAGE 437 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979038 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Julie Codell 1316 E. McNair Drive | | Amount of Each Disbursement this Period 25.00 |
| City Tempe State AZ Zip Code 85283 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979039 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Molly Cronin 18955 Ridgewood Road | | Amount of Each Disbursement this Period 50.00 |
| City Wayzata State MN Zip Code 55391 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979040 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Kathryn Anastos 41 Lewis Parkway | | Amount of Each Disbursement this Period 100.00 |
| City Yonkers State NY Zip Code 10705 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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| 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)

PAGE 438 / 1289

| | | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979041 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Robert Summers 185 Maple Street | | Amount of Each Disbursement this Period 50.00 |
| City Burlington State VT Zip Code 05401 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979042 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Kenneth Salinger 18 Putnam Road | | Amount of Each Disbursement this Period 250.00 |
| City Arlington State MA Zip Code 02474 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979043 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Landon Storrs 1817 Oxford Street | | Amount of Each Disbursement this Period 100.00 |
| City Houston State TX Zip Code 77008 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 439 / 1289

| | | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Claire McCaskill Contributions | | Transaction ID: 61979044 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address Diane Wroblewski 11 Rosemary Court | | Amount of Each Disbursement this Period 10.00 |
| City Midland State MI Zip Code 48640 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Claire McCaskill Contributions | | Transaction ID: 61979045 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Anne Casscells 735 Nevada Ave. | | Amount of Each Disbursement this Period 150.00 |
| City San Mateo State CA Zip Code 94402 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Claire McCaskill Contributions | | Transaction ID: 61979046 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Elizabeth Sherwin 403 James Wood Court | | Amount of Each Disbursement this Period 250.00 |
| City New Milford State NJ Zip Code 07646 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 440 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Frances Park 16361 Rhone Lane</p> <p>City Huntington Beach State CA Zip Code 92647</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979047 Date of Disbursement: 01 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
|---|--|--|

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|--|--|---|
| <p>B. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Barbara Grosz 264 Mason Terrace</p> <p>City Brookline State MA Zip Code 02446</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979048 Date of Disbursement: 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p> |
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|---|--|--|
| <p>C. Claire McCaskill Contributions</p> <p>Full Name (Last, First, Middle Initial) Claire McCaskill Contributions</p> <p>Mailing Address Shari Schubot 1471 Folsom Road</p> <p>City Loxahatchee State FL Zip Code 33470</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979049 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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 441 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Pamela Tuson 101 Rudy's Knob Lane City Arcata State CA Zip Code 95521 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979050 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
|--|--|---|

| | | |
|--|--|---|
| B. Claire McCaskill Contributions Full Name (Last, First, Middle Initial) Mailing Address Pat Harris 3502 E. 4th Street City Tucson State AZ Zip Code 85716 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979051 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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|---|--|---|
| C. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Bruce Theunissen 10815 Hayfield Drive City Dallas State TX Zip Code 75238 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979052 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

PAGE 442 / 1289

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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) A. Debbie Stabenow Contributions | | Transaction ID: 61979053 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Martha Warner 3817 Guest Road | | Amount of Each Disbursement this Period 20.00 |
| City Jackson | State MI | |
| Zip Code 49203 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Debbie Stabenow Contributions | | Transaction ID: 61979054 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sue Brouillet PO Box 79 | | Amount of Each Disbursement this Period 50.00 |
| City Genesee | State MI | |
| Zip Code 48437 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. Debbie Stabenow Contributions | | Transaction ID: 61979055 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Mary Baumann 722 Emerson Street | | Amount of Each Disbursement this Period 25.00 |
| City Madison | State WI | |
| Zip Code 53715 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Linda Yenkin 123 Cypress Street City Newton Center State MA Zip Code 02459 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979056 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 75.00 [MEMO ITEM] MEMO |
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| B. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Janet Brody 506 Conshohocken State Road City Narberth State PA Zip Code 19072 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979057 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| C. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Sarah Hruska 6769 Five Mile Pt. Road City Allouez State MI Zip Code 49805 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979058 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Frances Park 16361 Rhone Lane City Huntington Beach State CA Zip Code 92647 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979059 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Gino Crocetti 652 W. 163 Street # 28 City New York State NY Zip Code 10032 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979060 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Gwendolyn Straight 651 Sinex Avenue City Pacific Grove State CA Zip Code 93950 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979061 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
|---|--|---|
| A. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Sybil Craig 285 Clover Hills Drive City Rochester State NY Zip Code 14618 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979062 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 300.00 [MEMO ITEM] MEMO |
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| B. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Deland PO Box 69 City Klamath River State CA Zip Code 96050 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979063 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address Roy Lambert 12300 NW 56th Ave City Gainesville State FL Zip Code 32653 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979064 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
|---|--|--|
| A. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address: Matthew Davis 3100 Lake Mendota Drive City: Madison State: WI Zip Code: 53705 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979065 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| B. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address: Wendy Kahn 5207 Baltimore Avenue City: Bethesda State: MD Zip Code: 20816 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979066 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address: Conrad Goodwin 4801 Westover Terrace City: Knoxville State: TN Zip Code: 37914 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979067 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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

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(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) A. Debbie Stabenow Contributions | | Transaction ID: 61979068 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Stephanie Blevins 2931 Broad Street Unit 132 | | Amount of Each Disbursement this Period 50.00 |
| City Bristol | State TN | |
| Zip Code 37620 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Debbie Stabenow Contributions | | Transaction ID: 61979069 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address Diane Wroblewski 11 Rosemary Court | | Amount of Each Disbursement this Period 100.00 |
| City Midland | State MI | |
| Zip Code 48640 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. Debbie Stabenow Contributions | | Transaction ID: 61979070 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Sandra Reed 6560 Kelsey Point Circle | | Amount of Each Disbursement this Period 100.00 |
| City Alexandria | State VA | |
| Zip Code 22315 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

| | | |
|---|--|--|
| A. Debbie Stabenow Contributions Full Name (Last, First, Middle Initial) Mailing Address: Kenneth Salinger 18 Putnam Road City: Arlington State: MA Zip Code: 02474 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979071 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Meg Dwyer 128 Gables Place City: Rutland State: VT Zip Code: 05701 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979072 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Rosalie Davison 18 Branchwood Court City: Baltimore State: MD Zip Code: 21208 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979073 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Phoebe Hansen 1716 Northfield Sq Apt. A City Northfield State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979074 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Pat Harris 3502 E. 4th Street City Tucson State AZ Zip Code 85716 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979075 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Doe Mayer 1263 Fernwood Pacific City Topanga State CA Zip Code 90290 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979076 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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

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(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| Full Name (Last, First, Middle Initial) A. Diane Farrell Contributions | | Transaction ID: 61979077 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Janet Eaton 1235 Marriottsville Road | | Amount of Each Disbursement this Period 100.00 |
| City Marriottsville State MD Zip Code 21104 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Diane Farrell Contributions | | Transaction ID: 61979078 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Frances Hanners 3007 Plymouth Drive | | Amount of Each Disbursement this Period 100.00 |
| City Bellingham State WA Zip Code 98225 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Diane Farrell Contributions | | Transaction ID: 61979079 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Helen Simmons PO Box 965 | | Amount of Each Disbursement this Period 100.00 |
| City Pauma Valley State CA Zip Code 92061 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Diane Farrell Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Frances Park 16361 Rhone Lane</p> <p>City Huntington Beach State CA Zip Code 92647</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979080</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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|--|--|--|
| <p>B. Diane Farrell Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Beverly Hanson PO Box 570711</p> <p>City Tarzana State CA Zip Code 91357</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979081</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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|---|--|--|
| <p>C. Diane Farrell Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Phyllis Broyles PO Box 2216</p> <p>City McKinleyville State CA Zip Code 95519</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979082</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Lawrie Nickerson PO Box 205 City Grafton State NY Zip Code 12082 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979083 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Mary Grisco P.O. Box 202045 City Anchorage State AK Zip Code 99520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979084 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Catherine Gant P. O. Box 1253 City Silverthorne State CO Zip Code 80498 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979085 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address George Ranney 91 Prospect Street City Port Chester State NY Zip Code 10573 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979086 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979087 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Robert Kansas 725 Robin Way S. City Satellite Beach State FL Zip Code 32937 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979088 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Lou Serra 2525 Pennsylvania Avenue City: Weirton State: WV Zip Code: 26062 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979089 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Katherine Howard 717 9th Avenue City: San Francisco State: CA Zip Code: 94118 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979090 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Anne Hill 121 S. Hunt Road City: Carbondale State: IL Zip Code: 62902 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979091 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Patsy Rogers PO Box 616 City New Suffolk State NY Zip Code 11956 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979092 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Janet McAfee 10232 Avenida Magnifica City San Diego State CA Zip Code 92131 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979093 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Betty Whitcomb 2624 Halibut Point Road City Sitka State AK Zip Code 99835 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979094 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address: Ann Gold 64 Chichester Road City: Monroe Twsp State: NJ Zip Code: 08831 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979095 Date of Disbursement: 01 / 06 / 2006 Amount of Each Disbursement this Period: 108.00 [MEMO ITEM] MEMO |
| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address: Nancy Owen 5032 Garfield Avenue, South City: Minneapolis State: MN Zip Code: 55419 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979096 Date of Disbursement: 01 / 06 / 2006 Amount of Each Disbursement this Period: 100.00 [MEMO ITEM] MEMO |
| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address: Edith Hersher 212 Beers Road City: Easton State: CT Zip Code: 06612 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979097 Date of Disbursement: 01 / 06 / 2006 Amount of Each Disbursement this Period: 50.00 [MEMO ITEM] MEMO |

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| 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

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(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

| | | |
|--|--|---|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Bill Handschin 2095 Skyway Drive City Saint Paul State MN Zip Code 55119 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979098 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Faye Dudden 114 Scottholm Terrace City Syracuse State NY Zip Code 13224 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979099 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Diane Farrell Contributions Mailing Address Marjorie Vanek 10241 York Road City N. Royalton State OH Zip Code 44133 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979100 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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

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(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

| | | |
|--|--|---|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Chuck Williams 20540 Pinnacle Way City: Malibu State: CA Zip Code: 90265 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979101 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Michael Chielens 525 Morris SE City: Grand Rapids State: MI Zip Code: 49503 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979102 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Roy Lambert 12300 NW 56th Ave City: Gainesville State: FL Zip Code: 32653 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979103 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Diane Farrell Contributions | | Transaction ID: 61979104 Date of Disbursement 01 / 17 / 2006 |
| Mailing Address Kathryn Gardow 5063 Harold Place NE | | Amount of Each Disbursement this Period 250.00 |
| City Seattle | State WA | |
| Zip Code 98105 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Diane Farrell Contributions | | Transaction ID: 61979105 Date of Disbursement 01 / 19 / 2006 |
| Mailing Address Judy Peters 201 Foxglove Lane | | Amount of Each Disbursement this Period 100.00 |
| City Azalea | State OR | |
| Zip Code 97410 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Diane Farrell Contributions | | Transaction ID: 61979106 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address James Pendergrass 2001 S 11th St | | Amount of Each Disbursement this Period 50.00 |
| City Springfield | State IL | |
| Zip Code 62703 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

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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

| | | |
|--|--|--|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Claudia Rose PO Box 873 City Enosburg Fls State VT Zip Code 05450 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979107 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|--|--|--|

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|--|--|--|
| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Jan Keithly 48 Elm Street City Albany State NY Zip Code 12202 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Melinda Wright PO Box 225 City Groveland State CA Zip Code 95321 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|---|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Kate Jaycox 4512 34th Avenue South City Minneapolis State MN Zip Code 55406 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979110 Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Audrey Bell 44866 N. Rodin Avenue City Lancaster State CA Zip Code 93535 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979111 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Gloria Gray 436 Crestover Circle City Richardson State TX Zip Code 75080 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979112 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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

| | | |
|---|--|--|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Diana Morabito 1976 Abinante Lane City San Jose State CA Zip Code 95124 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979113 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Robert Cohen 25 Richelieu Street City Norwalk State CT Zip Code 06850 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979114 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address Ann Ziegler 1009 Los Arboles Avenue NW City Albuquerque State NM Zip Code 87107 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979115 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Douglas Tucker 1519 Escalona Drive City: Santa Cruz State: CA Zip Code: 95060 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979116 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Diane Farrell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Bonnie Linde 40 Palm Court City: Menlo Park State: CA Zip Code: 94025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979117 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Mailing Address: Frances Park 16361 Rhone Lane City: Huntington Beach State: CA Zip Code: 92647 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979118 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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

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(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Sven Ottersten 9312 N. Charleston Avenue City Portland State OR Zip Code 97203 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979119 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Estelle Loeb 8286 Caminito Lacayo City La Jolla State CA Zip Code 92037 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979120 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Robert Kansas 725 Robin Way S. City Satellite Beach State FL Zip Code 32937 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979121 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Tom Zeller 6620 East State Road 45 City Bloomington State IN Zip Code 47408 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979122 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| B. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Mary Nelson 12131 Long Ridge Lane City Bowie State MD Zip Code 20715 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979123 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address Edith Hersher 212 Beers Road City Easton State CT Zip Code 06612 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979124 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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

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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

| | | |
|---|--|---|
| A. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address: Rose Norman 5012 Sunningdale Avenue NE City: Albuquerque State: NM Zip Code: 87110 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979125 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| B. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address: Gloria Feltman 7453 Granville Dr Bldg I City: Tamarac State: FL Zip Code: 33321 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979126 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Kathy Castor Contributions Full Name (Last, First, Middle Initial) Kathy Castor Contributions Mailing Address: Glenda Dugan 199 Los Banos Avenue City: Walnut Creek State: CA Zip Code: 94598 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979127 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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

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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

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| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979128 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Rosalie Davison 18 Branchwood Court | | Amount of Each Disbursement this Period 100.00 |
| City Baltimore State MD Zip Code 21208 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979129 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Susan Burke 3815 The Oak Rd | | Amount of Each Disbursement this Period 500.00 |
| City Philadelphia State PA Zip Code 19129 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979130 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Deidre Young 377 Mill Lane | | Amount of Each Disbursement this Period 50.00 |
| City Phoenixville State PA Zip Code 19460 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979131 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Margaret Banning PO Box 397 | | Amount of Each Disbursement this Period 100.00 |
| City Gambier State OH Zip Code 43022 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979132 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Judith Ostrow 3604 NW 60th Street | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98107 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979133 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Phoebe Hansen 1716 Northfield Sq Apt. A | | Amount of Each Disbursement this Period 100.00 |
| City Northfield State IL Zip Code 60093 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979134 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Margery Thompson 3512 Shepherd Street | | Amount of Each Disbursement this Period 50.00 |
| City Chevy Chase State MD Zip Code 20815 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979135 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Suzanne Lerner 127 E. Ninth Street, # 1103 | | Amount of Each Disbursement this Period 500.00 |
| City Los Angeles State CA Zip Code 90015 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979136 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Pat Harris 3502 E. 4th Street | | Amount of Each Disbursement this Period 50.00 |
| City Tucson State AZ Zip Code 85716 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979137 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address David Harbater 1711 Lombard St | | Amount of Each Disbursement this Period 50.00 |
| City Philadelphia State PA Zip Code 19146 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979138 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Doe Mayer 1263 Fernwood Pacific | | Amount of Each Disbursement this Period 100.00 |
| City Topanga State CA Zip Code 90290 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979139 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Janet Eaton 1235 Marriottsville Road | | Amount of Each Disbursement this Period 100.00 |
| City Marriottsville State MD Zip Code 21104 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979140 Date of Disbursement 01 / 17 / 2006 |
| Mailing Address Sherry Guzzi PO Box 7763 | | Amount of Each Disbursement this Period 50.00 |
| City Tahoe City State CA Zip Code 96145 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979141 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address Julie Fershtman 31700 Briarcliff Road | | Amount of Each Disbursement this Period 50.00 |
| City Franklin State MI Zip Code 48025 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979142 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Beverly Hanson PO Box 570711 | | Amount of Each Disbursement this Period 50.00 |
| City Tarzana State CA Zip Code 91357 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979143 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Marjorie Vanek 10241 York Road | | Amount of Each Disbursement this Period 100.00 |
| City N. Royalton State OH Zip Code 44133 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Roy Lambert 12300 NW 56th Ave | | Amount of Each Disbursement this Period 15.00 |
| City Gainesville State FL Zip Code 32653 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979145 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Phyllis Broyles PO Box 2216 | | Amount of Each Disbursement this Period 35.00 |
| City McKinleyville State CA Zip Code 95519 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address: Rosalie Heller 301 El Viento Street City: Los Alamos State: NM Zip Code: 87544 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979146 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|--|--|--|

| | | |
|--|--|--|
| B. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address: Catherine Gant P. O. Box 1253 City: Silverthorne State: CO Zip Code: 80498 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979147 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|--|--|--|

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|---|--|--|
| C. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address: Virginia Newlin 299 Devon Lane City: West Chester State: PA Zip Code: 19380 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979148 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|---|--|--|

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address John Jevitts 97 North Main Street | | Amount of Each Disbursement this Period 10.00 |
| City West Hartford State CT Zip Code 06107 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address George Ranney 91 Prospect Street | | Amount of Each Disbursement this Period 20.00 |
| City Port Chester State NY Zip Code 10573 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Vivian Crabtree 2661 Tallant Rd Apt MN724 | | Amount of Each Disbursement this Period 100.00 |
| City Santa Barbara State CA Zip Code 93105 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 475 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Joseph Najpaver 154 Lombard, # 46 | | Amount of Each Disbursement this Period 100.00 |
| City San Francisco State CA Zip Code 94111 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979153 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Douglas Tucker 1519 Escalona Drive | | Amount of Each Disbursement this Period 100.00 |
| City Santa Cruz State CA Zip Code 95060 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979154 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address Frances Park 16361 Rhone Lane | | Amount of Each Disbursement this Period 25.00 |
| City Huntington Beach State CA Zip Code 92647 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979155 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address Anna Miller 7830 S Leewynn Drive | | Amount of Each Disbursement this Period 50.00 |
| City Sarasota State FL Zip Code 34240 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979156 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Carol Ceglowski 258 Mather Road | | Amount of Each Disbursement this Period 100.00 |
| City Jenkintown State PA Zip Code 19046 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979157 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address Robert Kansas 725 Robin Way S. | | Amount of Each Disbursement this Period 25.00 |
| City Satellite Beach State FL Zip Code 32937 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979158 Date of Disbursement 01 / 17 / 2006 |
| Mailing Address Lou Serra 2525 Pennsylvania Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Weirton State WV Zip Code 26062 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979159 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Katherine Howard 717 9th Avenue | | Amount of Each Disbursement this Period 100.00 |
| City San Francisco State CA Zip Code 94118 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979160 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Janet Kaplan 250 Grape Street | | Amount of Each Disbursement this Period 50.00 |
| City Philadelphia State PA Zip Code 19128 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979161 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Mary Nelson 12131 Long Ridge Lane | | Amount of Each Disbursement this Period 50.00 |
| City Bowie State MD Zip Code 20715 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979162 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address Tom Zeller 6620 East State Road 45 | | Amount of Each Disbursement this Period 25.00 |
| City Bloomington State IN Zip Code 47408 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979163 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Sven Ottersten 9312 N. Charleston Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Portland State OR Zip Code 97203 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979164 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Joyce Kathan 229 Cheshire Road | | Amount of Each Disbursement this Period 100.00 |
| City Prospect State CT Zip Code 06712 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979165 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Ann Gold 64 Chichester Road | | Amount of Each Disbursement this Period 108.00 |
| City Monroe Twsp State NJ Zip Code 08831 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979166 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Edith Hersher 212 Beers Road | | Amount of Each Disbursement this Period 50.00 |
| City Easton State CT Zip Code 06612 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Lois Murphy Contributions</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy Contributions</p> <p>Mailing Address Susan Baumgarten 61 Westgate Blvd.</p> <p>City Plandome State NY Zip Code 11030</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979167 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>B. Lois Murphy Contributions</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy Contributions</p> <p>Mailing Address Carole Popchock 120 Lilac Avenue</p> <p>City Pittsburgh State PA Zip Code 15229</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979168 Date of Disbursement: 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Lois Murphy Contributions</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy Contributions</p> <p>Mailing Address Nita Corinblit 5854 Hillview Park Avenue</p> <p>City Valley Glen State CA Zip Code 91401</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979169 Date of Disbursement: 01 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Christopher Walker 101 Cherrywood Road City: Port Matilda State: PA Zip Code: 16870 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979170 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 5.00 [MEMO ITEM] MEMO |
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| B. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Paula Botstein 544 4th Street City: Brooklyn State: NY Zip Code: 11215 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979171 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 [MEMO ITEM] MEMO |
|---|--|---|

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| C. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Chuck Williams 20540 Pinnacle Way City: Malibu State: CA Zip Code: 90265 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979172 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Judy Peters 201 Foxglove Lane City Azalea State OR Zip Code 97410 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979173 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Lee Kennedy 15750 Vose Street City Van Nuys State CA Zip Code 91406 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979174 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Barbara Davis 4800 23rd Road S. City Arlington State VA Zip Code 22206 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979175 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Jan Keithly 48 Elm Street City Albany State NY Zip Code 12202 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979176 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Jan Garretson 4787 Essex Drive City Doylestown State PA Zip Code 18901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979177 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| C. Lois Murphy Contributions Full Name (Last, First, Middle Initial) Mailing Address Judith Malott 1382 Newtown Langhorne Rd City Newtown State PA Zip Code 18940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979178 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979179 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Audrey Bell 44866 N. Rodin Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Lancaster State CA Zip Code 93535 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979180 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Glenda Dugan 199 Los Banos Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Walnut Creek State CA Zip Code 94598 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979181 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address Diana Morabito 1976 Abinante Lane | | Amount of Each Disbursement this Period 50.00 |
| City San Jose State CA Zip Code 95124 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| Full Name (Last, First, Middle Initial) A. Lois Murphy Contributions | | Transaction ID: 61979182 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Arthur Canfield 42-129 Old Kalanianale Road | | Amount of Each Disbursement this Period 25.00 |
| City Kailua | State HI | |
| Zip Code 96734 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Lois Murphy Contributions | | Transaction ID: 61979183 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Patricia Mangini 4122 Amoroso St. | | Amount of Each Disbursement this Period 100.00 |
| City San Diego | State CA | |
| Zip Code 92111 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Lois Murphy Contributions | | Transaction ID: 61979184 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Kenneth Salinger 18 Putnam Road | | Amount of Each Disbursement this Period 200.00 |
| City Arlington | State MA | |
| Zip Code 02474 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Suzanne Lerner 127 E. Ninth Street, # 1103 City: Los Angeles State: CA Zip Code: 90015 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979185 Date of Disbursement 01 / 02 / 2006 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO |
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| B. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Janis Thompson 16596 Rosemont City: Detroit State: MI Zip Code: 48219 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979186 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Elisabeth Ungaretti Box 2115 City: Carmel State: CA Zip Code: 93921 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979187 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| A. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Mailing Address: Sven Ottersten 9312 N. Charleston Avenue City: Portland State: OR Zip Code: 97203 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979188 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Mailing Address: Estelle Loeb 8286 Caminito Lacayo City: La Jolla State: CA Zip Code: 92037 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979189 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Mailing Address: Mary Nelson 12131 Long Ridge Lane City: Bowie State: MD Zip Code: 20715 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979190 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|--|
| A. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Lynn Woolsey Contribution | | Transaction ID: 61979191 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address Christopher Walker 101 Cherrywood Road | | Amount of Each Disbursement this Period 5.00 |
| City Port Matilda State PA Zip Code 16870 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Lynn Woolsey Contribution Full Name (Last, First, Middle Initial) Lynn Woolsey Contribution | | Transaction ID: 61979192 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Glenda Dugan 199 Los Banos Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Walnut Creek State CA Zip Code 94598 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions | | Transaction ID: 61979193 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Rosalie Davison 18 Branchwood Court | | Amount of Each Disbursement this Period 100.00 |
| City Baltimore State MD Zip Code 21208 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

| | | |
|--|--|--|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Daniel Dahl 3720 NE 188th Street City Lake Forest Park State WA Zip Code 98155 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979194 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Sally Brown 1060 Copeland Road City Maple Plain State MN Zip Code 55359 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979195 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Sondra Langweil 37 Valerian Court City N. Bethesda State MD Zip Code 20852 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979196 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| 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)

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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

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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Suzanne Lerner 127 E. Ninth Street, # 1103 | | Transaction ID: 61979197 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Suzanne Lerner 127 E. Ninth Street, # 1103 | City State Zip Code Los Angeles CA 90015 | Amount of Each Disbursement this Period 500.00 |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | Category/ Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Phoebe Hansen 1716 Northfield Sq Apt. A | | Transaction ID: 61979198 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Phoebe Hansen 1716 Northfield Sq Apt. A | City State Zip Code Northfield IL 60093 | Amount of Each Disbursement this Period 100.00 |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | Category/ Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Eleanor Laxdall 3525 SW Seola Lane | | Transaction ID: 61979199 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Eleanor Laxdall 3525 SW Seola Lane | City State Zip Code Seattle WA 98146 | Amount of Each Disbursement this Period 50.00 |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | Category/ Type | [MEMO ITEM] MEMO |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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) A. Maria Cantwell Contributions | | Transaction ID: 61979200 Date of Disbursement 01 / 20 / 2006 |
| Mailing Address Pat Harris 3502 E. 4th Street | | Amount of Each Disbursement this Period 50.00 |
| City Tucson State AZ Zip Code 85716 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979201 Date of Disbursement 01 / 06 / 2006 |
| Mailing Address David Harbater 1711 Lombard St | | Amount of Each Disbursement this Period 50.00 |
| City Philadelphia State PA Zip Code 19146 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979202 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Susan Ralston 35 East 75 Street, # 4E | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10021 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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) A. Maria Cantwell Contributions | | Transaction ID: 61979203 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Abigail Faulkner 345 Kelton Road | | Amount of Each Disbursement this Period 250.00 |
| City East Montpelier State VT Zip Code 05651 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979204 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Ly Leong 1670 Filbert Street | | Amount of Each Disbursement this Period 100.00 |
| City San Francisco State CA Zip Code 94123 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979205 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address Karen Hadac 10306 44th Avenue NE | | Amount of Each Disbursement this Period 100.00 |
| City Seattle State WA Zip Code 98125 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Alida Mascitelli 1030 SW Jefferson Street City Portland State OR Zip Code 97201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979206 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ruth Lefevre 33664 Hampton Road City Eugene State OR Zip Code 97405 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979207 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ann Schneider 3319 Fessenden St., NW City Washington State DC Zip Code 20008 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979208 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Sherry Guzzi PO Box 7763 City Tahoe City State CA Zip Code 96145 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979209 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ann Tobin PO Box 667017 City Pompano Beach State FL Zip Code 33066 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979210 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Julie Fershtman 31700 Briarcliff Road City Franklin State MI Zip Code 48025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979211 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Beverly Hanson PO Box 570711 City: Tarzana State: CA Zip Code: 91357 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979212 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period _____ 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Marjorie Vanek 10241 York Road City: N. Royalton State: OH Zip Code: 44133 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979213 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period _____ 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Frances Park 16361 Rhone Lane City: Huntington Beach State: CA Zip Code: 92647 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979214 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period _____ 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lynn Krupa PO Box 3453 City Sunriver State OR Zip Code 97707 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979215 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Marcia McKenzie PO Box 33977 City Juneau State AK Zip Code 99803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979216 Date of Disbursement 01 / 26 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Melinda Wright PO Box 225 City Groveland State CA Zip Code 95321 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979217 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Susan Lampe PO Box 1247 City Tenino State WA Zip Code 98589 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979218 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ruth Peace P.O. Box 23 City Carmel Valley State CA Zip Code 93924 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979219 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Mary Grisco P.O. Box 202045 City Anchorage State AK Zip Code 99520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979220 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| <p>A. Maria Cantwell Contributions</p> <p>Full Name (Last, First, Middle Initial) Maria Cantwell Contributions</p> | | <p>Transaction ID: 61979221</p> <p>Date of Disbursement MM / DD / YYYY 01 / 26 / 2006</p> |
| <p>Mailing Address Catherine Gant P. O. Box 1253</p> | | <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>City Silverthorne State CO Zip Code 80498</p> | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> |
| <p>Candidate Name</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
| <p>State: District:</p> | | |

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| <p>B. Maria Cantwell Contributions</p> <p>Full Name (Last, First, Middle Initial) Maria Cantwell Contributions</p> | | <p>Transaction ID: 61979222</p> <p>Date of Disbursement MM / DD / YYYY 01 / 24 / 2006</p> |
| <p>Mailing Address Marla Jensen 1615 Bittern Court</p> | | <p>Amount of Each Disbursement this Period 200.00</p> |
| <p>City Carlsbad State CA Zip Code 92011</p> | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> |
| <p>Candidate Name</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
| <p>State: District:</p> | | |

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| <p>C. Maria Cantwell Contributions</p> <p>Full Name (Last, First, Middle Initial) Maria Cantwell Contributions</p> | | <p>Transaction ID: 61979223</p> <p>Date of Disbursement MM / DD / YYYY 01 / 06 / 2006</p> |
| <p>Mailing Address Gretchen Tatting Imperial House</p> | | <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>City Washington State DC Zip Code 20009</p> | | |
| <p>Purpose of Disbursement Candidate Contrib Earmarked</p> | | <p>[MEMO ITEM] MEMO</p> |
| <p>Candidate Name</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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

| | | |
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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Shelley Gordon 300 N State St City Chicago State IL Zip Code 60610 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979224 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ellen Dale 16 Gardiner Court City Orinda State CA Zip Code 94563 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979225 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lee Kennedy 15750 Vose Street City Van Nuys State CA Zip Code 91406 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979226 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Marjorie Dearmont 101 Oak Crest Drive City Bertram State TX Zip Code 78605 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979227 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Elizabeth Sherer 96 Perrine Road City Monmouth Junction State NJ Zip Code 08852 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979228 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Carol Hobart 9367 Nesbitt Road City Bloomington State MN Zip Code 55437 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979229 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|---|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Stephanie Blevins 2931 Broad Street Unit 132 City: Bristol State: TN Zip Code: 37620 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979230 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Sven Ottersten 9312 N. Charleston Avenue City: Portland State: OR Zip Code: 97203 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979231 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Sarah Jackson 290 W. End Avenue, # 12B City: New York State: NY Zip Code: 10023 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979232 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Maria Cantwell Contributions | | Transaction ID: 61979233 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address George Ranney 91 Prospect Street | | Amount of Each Disbursement this Period 15.00 |
| City Port Chester State NY Zip Code 10573 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979234 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Sondra Stein 905 East Oak Dr | | Amount of Each Disbursement this Period 25.00 |
| City Durham State NC Zip Code 27705 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979235 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Elizabeth Harries 9 North Main St. | | Amount of Each Disbursement this Period 100.00 |
| City Williamsburg State MA Zip Code 01096 | Purpose of Disbursement Candidate Contrib Earmarked | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Joan Osborn 8958 Sunset Avenue City: Fair Oaks State: CA Zip Code: 95628 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979236 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Joseph Najpaver 154 Lombard, # 46 City: San Francisco State: CA Zip Code: 94111 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979237 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Sarah Burke 845 West End Avenue, # 14A City: New York State: NY Zip Code: 10025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979238 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Maria Cantwell Contributions | | Transaction ID: 61979239 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Lynette Sahnov 15230 Southwest 141st Ave. | | Amount of Each Disbursement this Period 50.00 |
| City Tigard | State OR | |
| Zip Code 97224 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979240 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Anthony Knapp 81 Upper Sheep Pasture Road | | Amount of Each Disbursement this Period 100.00 |
| City East Setauket | State NY | |
| Zip Code 11733 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979241 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Barbara Grosz 264 Mason Terrace | | Amount of Each Disbursement this Period 250.00 |
| City Brookline | State MA | |
| Zip Code 02446 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

PAGE 505 / 1289

| | | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Maria Cantwell Contributions | | Transaction ID: 61979242 Date of Disbursement MM / DD / YYYY 01 / 16 / 2006 |
| Mailing Address Suzy Platt 807 N. Howard, # 314 | | Amount of Each Disbursement this Period 50.00 |
| City Alexandria State VA Zip Code 22304 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979243 Date of Disbursement MM / DD / YYYY 01 / 20 / 2006 |
| Mailing Address Douglas Tucker 1519 Escalona Drive | | Amount of Each Disbursement this Period 100.00 |
| City Santa Cruz State CA Zip Code 95060 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979244 Date of Disbursement MM / DD / YYYY 01 / 11 / 2006 |
| Mailing Address Janet McAfee 10232 Avenida Magnifica | | Amount of Each Disbursement this Period 150.00 |
| City San Diego State CA Zip Code 92131 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
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| 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)

PAGE 506 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Harold Tulchin 8 Rittenhouse Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Susan Auchincloss 8 Library Ln City Woodstock State NY Zip Code 12498 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979246 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Carol Seibert 2611 Lake Street City San Francisco State CA Zip Code 94121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979247 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Anna Miller 7830 S Leewynn Drive City Sarasota State FL Zip Code 34240 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979248 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Barbara O'Kelly 2609 Woodhill Drive City Okemos State MI Zip Code 48864 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979249 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Gloria Feltman 7453 Granville Dr Bldg I City Tamarac State FL Zip Code 33321 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979250 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Maria Cantwell Contributions | | Transaction ID: 61979251 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Norbert A. Jeske 727 Santa Barbara Rd | | Amount of Each Disbursement this Period 250.00 |
| City Berkeley State CA Zip Code 94707 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979252 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Robert Kansas 725 Robin Way S. | | Amount of Each Disbursement this Period 50.00 |
| City Satellite Beach State FL Zip Code 32937 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979253 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Charlotte Brooks 2566 Villa Lane | | Amount of Each Disbursement this Period 100.00 |
| City Cincinnati State OH Zip Code 45208 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Maria Cantwell Contributions | | Transaction ID: 61979254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Emma Rosow 122 Green Way | | Amount of Each Disbursement this Period 50.00 |
| City Wayland State MA Zip Code 01778 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979255 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address Carol Carpenter-Yaman 2554 N. Wakefield Street | | Amount of Each Disbursement this Period 100.00 |
| City Arlington State VA Zip Code 22207 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979256 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Lois Schoenbrun 7204 Garland Ave | | Amount of Each Disbursement this Period 50.00 |
| City Takoma Park State MD Zip Code 20912 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

PAGE 510 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Katherine Howard 717 9th Avenue City San Francisco State CA Zip Code 94118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979257 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Jenifer Mumford 15 Sleeper St. City Boston State MA Zip Code 02210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979258 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Janet Kaplan 250 Grape Street City Philadelphia State PA Zip Code 19128 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979259 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Nora McGuinness 704 Mulberry Lane City Davis State CA Zip Code 95616 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979260 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Jonathan Rigg 15 Potter Street City Brunswick State ME Zip Code 04011 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979261 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Sharon Schuster 24458 Eilat St. City Woodland Hills State CA Zip Code 91367 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979262 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Gretchen Roose 7 Holly Drive City: Boynton Beach State: FL Zip Code: 33436 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979263 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Paula Florence 2413 48th Avenue NW City: Gig Harbor State: WA Zip Code: 98335 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979264 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Tom Zeller 6620 East State Road 45 City: Bloomington State: IN Zip Code: 47408 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979265 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Christopher Walker 101 Cherrywood Road City Port Matilda State PA Zip Code 16870 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979266 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 5.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Tamara Harris 10175 Sunstar Road City Monterey State CA Zip Code 93940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979267 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address M.J. Moltenbrey 2328 Champlain Street, NW City Washington State DC Zip Code 20009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979268 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Gino Crocetti 652 W. 163 Street # 28 City New York State NY Zip Code 10032 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979269 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Shari Schubot 1471 Folsom Road City Loxahatchee State FL Zip Code 33470 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979270 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Heather Taylor 6432 Old Goose Creek Rd City Middleburg State VA Zip Code 20117 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979271 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lynne Roberts 1212 McKinley Drive City Roseville State CA Zip Code 95661 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979272 Date of Disbursement 01 / 11 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Elizabeth Moog 6211 Cove Creek Court City Burr Ridge State IL Zip Code 60527 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979273 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Edith Hersher 212 Beers Road City Easton State CT Zip Code 06612 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979274 Date of Disbursement 01 / 06 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Carolyn Nicholson 145 Ross Stevenson Circle City Princeton State NJ Zip Code 08540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979275 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lenore Berck 604 Ramapo Road City Teaneck State NJ Zip Code 07666 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979276 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lily Tamura 10 Dickens Court City Irvine State CA Zip Code 92617 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979277 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 City San Francisco State CA Zip Code 94102 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979278 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address Alan Saleski 2116 Harrison Street City Evanston State IL Zip Code 60201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979279 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address Judy Rantala 21 Craigsid e Place City Honolulu State HI Zip Code 96817 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979280 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|---|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Karen Lombardi 1416 T Street NW City Washington State DC Zip Code 20009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979281 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Donald Pierce 6 Cameron Lane City Santa Fe State NM Zip Code 87505 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979282 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Ann Jost 5929 Heather Drive, S.W. City Rochester State MN Zip Code 55902 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979283 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Nita Corinblit 5854 Hillview Park Avenue City Valley Glen State CA Zip Code 91401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979284 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Todd Evans 2086 East Lake Road City Atlanta State GA Zip Code 30307 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979285 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Robert Mason 1415 Broadway City Fargo State ND Zip Code 58102 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979286 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Jane Hopkins 20650 Lomita Avenue City Saratoga State CA Zip Code 95070 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979287 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lucille Cooper 5460 Paseo del Lago, # A City Laguna Woods State CA Zip Code 92637 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979288 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Chuck Williams 20540 Pinnacle Way City Malibu State CA Zip Code 90265 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979289 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Susan Macfarlan 1408 Sunshine Canyon City Boulder State CO Zip Code 80302 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979290 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Annette Laico 5412 Wallingford Ave N City Seattle State WA Zip Code 98103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979291 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Jerena Keys 203 W. Pine Street City Big Rapids State MI Zip Code 49307 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979292 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Suzanne Schwartz 1117 S. Emerson Street City: Arlington State: VA Zip Code: 22204 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979293 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Kathryn Gardow 5063 Harold Place NE City: Seattle State: WA Zip Code: 98105 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979294 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Mailing Address: Judy Peters 201 Foxglove Lane City: Azalea State: OR Zip Code: 97410 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979295 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Janet Brody 506 Conshohocken State Road City Narberth State PA Zip Code 19072 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979296 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Rose Norman 5012 Sunningdale Avenue NE City Albuquerque State NM Zip Code 87110 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979297 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Jon Grabanski 1385 Awatukee Trail City Hudson State WI Zip Code 54016 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979298 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 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)

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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

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| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Marcia Kupferberg 2001 Hamilton Street City: Philadelphia State: PA Zip Code: 19130 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979299 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Jan Keithly 48 Elm Street City: Albany State: NY Zip Code: 12202 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979300 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address: Jan Garretson 4787 Essex Drive City: Doylestown State: PA Zip Code: 18901 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979301 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|---|
| A. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Judith Malott 1382 Newtown Langhorne Rd City Newtown State PA Zip Code 18940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979302 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Carole Johnson 466 Milcrip Road City Bridgewater State NJ Zip Code 08807 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979303 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Carolyn McKenzie 11090 SE 240th Place City Gresham State OR Zip Code 97080 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979304 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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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) A. Maria Cantwell Contributions | | Transaction ID: 61979305 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Donna Benaroya 1374 Alki Avenue SW, # 300 | | Amount of Each Disbursement this Period 250.00 |
| City Seattle State WA Zip Code 98116 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979306 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Judith Judson 440 N. Nelson Street | | Amount of Each Disbursement this Period 35.00 |
| City Arlington State VA Zip Code 22203 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979307 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Esther Sinclair 43 Tamalpais Ave | | Amount of Each Disbursement this Period 100.00 |
| City San Anselmo State CA Zip Code 94960 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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) A. Maria Cantwell Contributions | | Transaction ID: 61979308 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address Diana Morabito 1976 Abinante Lane | | Amount of Each Disbursement this Period 100.00 |
| City San Jose State CA Zip Code 95124 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979309 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Chris Stromsness 4220Patricia Way | | Amount of Each Disbursement this Period 25.00 |
| City Dunsmuir State CA Zip Code 96025 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979310 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Arthur Canfield 42-129 Old Kalanianale Road | | Amount of Each Disbursement this Period 25.00 |
| City Kailua State HI Zip Code 96734 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Maria Cantwell Contributions | | Transaction ID: 61979311 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Sydney Spofford 1954 Michigan Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Marysville | State MI | |
| Zip Code 48040 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Maria Cantwell Contributions | | Transaction ID: 61979312 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Kathryn Janson 193K Marthas Road | | Amount of Each Disbursement this Period 50.00 |
| City Alexandria | State VA | |
| Zip Code 22307 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Maria Cantwell Contributions | | Transaction ID: 61979313 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Charlotte Bird 4182 Ingalls Street | | Amount of Each Disbursement this Period 50.00 |
| City San Diego | State CA | |
| Zip Code 92103 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Pamela Tuson 101 Rudy's Knob Lane City Arcata State CA Zip Code 95521 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979314 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
|---|--|--|

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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Patricia Mangini 4122 Amoroso St. City San Diego State CA Zip Code 92111 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979315 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Mary Schwalbe 129 East 69th Street, # 12A City New York State NY Zip Code 10021 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979316 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Diane Wroblewski 11 Rosemary Court City Midland State MI Zip Code 48640 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979317 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Kenneth Salinger 18 Putnam Road City Arlington State MA Zip Code 02474 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979318 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Elizabeth Sherwin 403 James Wood Court City New Milford State NJ Zip Code 07646 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979319 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Lucinda Emmet 40040 Little Oatlands Lane City Leesburg State VA Zip Code 20175 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979320 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
|--|--|--|

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| B. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Bruce Theunissen 10815 Hayfield Drive City Dallas State TX Zip Code 75238 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979321 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Maria Cantwell Contributions Full Name (Last, First, Middle Initial) Maria Cantwell Contributions Mailing Address Joan Guarnera 10 Channing Place City East Chester State NY Zip Code 10709 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979322 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

PAGE 532 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| <p>A. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Sheryl Wolff 12745 N. Hulbert</p> <p>City Winslow State IL Zip Code 61089</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61979323</p> <p>Date of Disbursement 01 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>B. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Suzanne Lerner 127 E. Ninth Street, # 1103</p> <p>City Los Angeles State CA Zip Code 90015</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61979324</p> <p>Date of Disbursement 01 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>C. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Janis Thompson 16596 Rosemont</p> <p>City Detroit State MI Zip Code 48219</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: 61979325</p> <p>Date of Disbursement 01 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/ Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Frances Park 16361 Rhone Lane</p> <p>City Huntington Beach State CA Zip Code 92647</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
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| <p>B. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Hobart Johnson PO Box 550</p> <p>City Pikeville State KY Zip Code 41502</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
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| <p>C. Melissa Bean Contributions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Matthew Davis 3100 Lake Mendota Drive</p> <p>City Madison State WI Zip Code 53705</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: 61979328</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>[MEMO ITEM] MEMO</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE 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"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Melissa Bean Contributions Full Name (Last, First, Middle Initial) Mailing Address Ruth Peace P.O. Box 23 City Carmel Valley State CA Zip Code 93924 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979329 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Melissa Bean Contributions Full Name (Last, First, Middle Initial) Mailing Address Stephanie Blevins 2931 Broad Street Unit 132 City Bristol State TN Zip Code 37620 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979330 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Melissa Bean Contributions Full Name (Last, First, Middle Initial) Mailing Address Sven Ottersten 9312 N. Charleston Avenue City Portland State OR Zip Code 97203 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979331 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979332 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Susan Semonoff 15700 Van Aken Blvd Apt 9 | | Amount of Each Disbursement this Period 50.00 |
| City Cleveland State OH Zip Code 44120 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979333 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Hugh Brady 272 Jules Road | | Amount of Each Disbursement this Period 50.00 |
| City Palatine State IL Zip Code 60067 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean Contributions | | Transaction ID: 61979334 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Linda Yenkin 123 Cypress Street | | Amount of Each Disbursement this Period 75.00 |
| City Newton Center State MA Zip Code 02459 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979335 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Estelle Loeb 8286 Caminito Lacayo | | Amount of Each Disbursement this Period 50.00 |
| City La Jolla State CA Zip Code 92037 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979336 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Pamela Bailey 820 37th Street | | Amount of Each Disbursement this Period 100.00 |
| City Moline State IL Zip Code 61265 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean Contributions | | Transaction ID: 61979337 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Audry Rasmussen 1515 Shasta Dr Apt 4321 | | Amount of Each Disbursement this Period 50.00 |
| City Davis State CA Zip Code 95616 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979338 Date of Disbursement 01 / 26 / 2006 |
| Mailing Address Lisa Hummel 7575 Stanford Ave. | | Amount of Each Disbursement this Period 50.00 |
| City Saint Louis State MO Zip Code 63130 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979339 Date of Disbursement 01 / 12 / 2006 |
| Mailing Address Christopher Walker 101 Cherrywood Road | | Amount of Each Disbursement this Period 5.00 |
| City Port Matilda State PA Zip Code 16870 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean Contributions | | Transaction ID: 61979340 Date of Disbursement 01 / 11 / 2006 |
| Mailing Address Mary Baumann 722 Emerson Street | | Amount of Each Disbursement this Period 25.00 |
| City Madison State WI Zip Code 53715 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979341 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Michael Dougherty 711 Stonebridge Road | | Amount of Each Disbursement this Period 100.00 |
| City Frankfort State IL Zip Code 60423 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979342 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Nora McGuinness 704 Mulberry Lane | | Amount of Each Disbursement this Period 25.00 |
| City Davis State CA Zip Code 95616 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean Contributions | | Transaction ID: 61979343 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Mary Nelson 12131 Long Ridge Lane | | Amount of Each Disbursement this Period 50.00 |
| City Bowie State MD Zip Code 20715 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979344 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address Eleanor Brightman 1382 Newtown Langhorne Rd | | Amount of Each Disbursement this Period 35.00 |
| City Newtown State PA Zip Code 18940 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979345 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Glenda Dugan 199 Los Banos Avenue | | Amount of Each Disbursement this Period 100.00 |
| City Walnut Creek State CA Zip Code 94598 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Melissa Bean Contributions | | Transaction ID: 61979346 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Arthur Canfield 42-129 Old Kalanianale Road | | Amount of Each Disbursement this Period 25.00 |
| City Kailua State HI Zip Code 96734 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

PAGE 540 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Bean Contributions | | Transaction ID: 61979347 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Jill Alliman 410 Broad Street | | Amount of Each Disbursement this Period 25.00 |
| City Sweetwater State TN Zip Code 37874 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Melissa Bean Contributions | | Transaction ID: 61979348 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address Kenneth Salinger 18 Putnam Road | | Amount of Each Disbursement this Period 200.00 |
| City Arlington State MA Zip Code 02474 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979349 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sondra Langweil 37 Valerian Court | | Amount of Each Disbursement this Period 10.00 |
| City N. Bethesda State MD Zip Code 20852 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 541 / 1289

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Susan Ralston 35 East 75 Street, # 4E City New York State NY Zip Code 10021 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979350 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|---|--|---|

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|--|--|--|
| B. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Marjorie Dearmont 101 Oak Crest Drive City Bertram State TX Zip Code 78605 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979351 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
|--|--|--|

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|---|--|--|
| C. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Lester Mazor Goerres Str 1 City 12161 Berlin State Zip Code 00000 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979352 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Shelley Gordon 300 N State St City Chicago State IL Zip Code 60610 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979353 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
|--|--|---|

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|--|--|--|
| B. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Laurel McLaughlin Box 70019 City Fairbanks State AK Zip Code 99707 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979354 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|--|--|--|

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|--|--|---|
| C. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Judith Dubin 9936 Beverly Grove Drive City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979355 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Nancy Nusbaum Contributions | | Transaction ID: 61979356 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Morton 9 Darlington Court | | Amount of Each Disbursement this Period 100.00 |
| City Pittsburgh State PA Zip Code 15217 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979357 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Frank Wyse 8865 E. Baseline Road, #1501 | | Amount of Each Disbursement this Period 25.00 |
| City Mesa State AZ Zip Code 85209 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979358 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Harold Tulchin 8 Rittenhouse Road | | Amount of Each Disbursement this Period 100.00 |
| City Bronxville State NY Zip Code 10708 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Carol Seibert 2611 Lake Street City San Francisco State CA Zip Code 94121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979359 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|--|--|--|

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|---|--|--|
| B. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Sarah Everett 79 Florence St. City Chestnut Hill State MA Zip Code 02467 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979360 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|---|--|--|

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| C. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions Mailing Address Emma Rosow 122 Green Way City Wayland State MA Zip Code 01778 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979361 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nancy Nusbaum Contributions | | Transaction ID: 61979362 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Kathe Thompson 15109 Banbury Way | | Amount of Each Disbursement this Period 35.00 |
| City Wellington | State FL | |
| Zip Code 33414 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979363 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Amy Lowrey 1502 Newning Ave | | Amount of Each Disbursement this Period 250.00 |
| City Austin | State TX | |
| Zip Code 78704 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979364 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address Gayle Hardt 6977 Wentworth Ave. SW | | Amount of Each Disbursement this Period 25.00 |
| City Port Orchard | State WA | |
| Zip Code 98367 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
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| 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)

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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) A. Nancy Nusbaum Contributions | | Transaction ID: 61979365 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Kenneth Deed 657A Heritage Village | | Amount of Each Disbursement this Period 25.00 |
| City Southbury | State CT | |
| Zip Code 06488 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979366 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address Shari Schubot 1471 Folsom Road | | Amount of Each Disbursement this Period 10.00 |
| City Loxahatchee | State FL | |
| Zip Code 33470 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979367 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Carol Jennings 2308 Pine Knoll Drive # 1 | | Amount of Each Disbursement this Period 50.00 |
| City Walnut Creek | State CA | |
| Zip Code 94595 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nancy Nusbaum Contributions | | Transaction ID: 61979368 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Heather Taylor 6432 Old Goose Creek Rd | | Amount of Each Disbursement this Period 50.00 |
| City Middleburg State VA Zip Code 20117 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979369 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Jennifer Smith 64 O. Street | | Amount of Each Disbursement this Period 150.00 |
| City Boston State MA Zip Code 02127 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979370 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Cordelia Ontiveros 1450 E North Hills Drive | | Amount of Each Disbursement this Period 100.00 |
| City La Habra State CA Zip Code 90631 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Nancy Nusbaum Contributions | | Transaction ID: 61979371 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Michelle Johnston 608 4th Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Sacramento State CA Zip Code 95818 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979372 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 | | Amount of Each Disbursement this Period 25.00 |
| City San Francisco State CA Zip Code 94102 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979373 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Sally Mock 1433 Glenbrook Drive | | Amount of Each Disbursement this Period 100.00 |
| City Oklahoma City State OK Zip Code 73118 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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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) A. Nancy Nusbaum Contributions | | Transaction ID: 61979374 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Herbert Hersh 5333 N Sheridan Rd 30N | | Amount of Each Disbursement this Period 5.00 |
| City Chicago | State IL | |
| Zip Code 60640 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979375 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Melody Robidoux 10128 Se 16Th Place | | Amount of Each Disbursement this Period 250.00 |
| City Bellevue | State WA | |
| Zip Code 98004 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979376 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Jon Grabanski 1385 Awatukee Trail | | Amount of Each Disbursement this Period 25.00 |
| City Hudson | State WI | |
| Zip Code 54016 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ District: _____ | | |

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| 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)

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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) A. Nancy Nusbaum Contributions | | Transaction ID: 61979377 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Kupferberg 2001 Hamilton Street | | Amount of Each Disbursement this Period 100.00 |
| City Philadelphia State PA Zip Code 19130 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Nancy Nusbaum Contributions | | Transaction ID: 61979378 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Charlotte Bird 4182 Ingalls Street | | Amount of Each Disbursement this Period 50.00 |
| City San Diego State CA Zip Code 92103 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nancy Nusbaum Contributions | | Transaction ID: 61979379 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Pamela Tuson 101 Rudy's Knob Lane | | Amount of Each Disbursement this Period 15.00 |
| City Arcata State CA Zip Code 95521 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

| | | |
|--|--|--|
| A. Nancy Nusbaum Contributions Full Name (Last, First, Middle Initial) Nancy Nusbaum Contributions | | Transaction ID: 61979380 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Elizabeth Sherwin 403 James Wood Court | | Amount of Each Disbursement this Period 250.00 |
| City New Milford State NJ Zip Code 07646 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979381 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Joanne Parker 3831 Turtle Creek Blvd #12B | | Amount of Each Disbursement this Period 100.00 |
| City Dallas State TX Zip Code 75219 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979382 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sondra Langweil 37 Valerian Court | | Amount of Each Disbursement this Period 10.00 |
| City N. Bethesda State MD Zip Code 20852 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Patsy Madrid Contributions | | Transaction ID: 61979383 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address William Pugliese 17864 Jamestown Way Apt F | | Amount of Each Disbursement this Period 10.00 |
| City Lutz State FL Zip Code 33558 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Patsy Madrid Contributions | | Transaction ID: 61979384 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Lois Walker 3551 Hartstine Island South | | Amount of Each Disbursement this Period 20.00 |
| City Shelton State WA Zip Code 98584 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Patsy Madrid Contributions | | Transaction ID: 61979385 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address David Talbott 1049 Lakemount Drive | | Amount of Each Disbursement this Period 50.00 |
| City Moneta State VA Zip Code 24121 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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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

| | | |
|---|--|--|
| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Susan Ralston 35 East 75 Street, # 4E City: New York State: NY Zip Code: 10021 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979386 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Bernice Eaton 3439 Liese Drive City: Prescott State: AZ Zip Code: 86303 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979387 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Ruth Lefevre 33664 Hampton Road City: Eugene State: OR Zip Code: 97405 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979388 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|---|
| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Dearmont 101 Oak Crest Drive City: Bertram State: TX Zip Code: 78605 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979389 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Robert West 305 Nautilus Drive City: Madison State: WI Zip Code: 53705 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979390 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Shelley Gordon 300 N State St City: Chicago State: IL Zip Code: 60610 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979391 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|---|--|--|
| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Laurel McLaughlin Box 70019 City Fairbanks State AK Zip Code 99707 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979392 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Judith Dubin 9936 Beverly Grove Drive City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979393 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Laura Ford 295 Red Tail Trail City Evergreen State CO Zip Code 80439 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979394 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Carol Hobart 9367 Nesbitt Road City Bloomington State MN Zip Code 55437 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979395 Date of Disbursement 01 / 30 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Lorna Brodtkorb 123 Sharon Road City Lakeville State CT Zip Code 06039 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979396 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Patricia Colburn 1559 Oakdale Street City Pasadena State CA Zip Code 91106 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979397 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Fran McWherter 155 Canyon Diablo Rd City Sedona State AZ Zip Code 86351 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979398 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Frank Wyse 8865 E. Baseline Road, #1501 City Mesa State AZ Zip Code 85209 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979399 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Margaret Greenawalt 8800 Montgomery Avenue City Wyndmoor State PA Zip Code 19038 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979400 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Seymour Grossman 2661 Cedar Street City Berkeley State CA Zip Code 94708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979401 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Nancy Graham 2646 S Steele Street City Denver State CO Zip Code 80210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979402 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Harold Tulchin 8 Rittenhouse Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979403 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Joan Bolker 10 chester st. City: Newton State: MA Zip Code: 02461 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979404 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Carol Seibert 2611 Lake Street City: San Francisco State: CA Zip Code: 94121 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979405 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Janet Amphlett 8 1/2 Ash Street Place City: Cambridge State: MA Zip Code: 02138 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979406 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
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| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Emma Rosow 122 Green Way City Wayland State MA Zip Code 01778 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979407 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address David Pyne 7248 Eaton Court City Dexter State MI Zip Code 48130 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979408 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions Mailing Address Amy Lowrey 1502 Newning Ave City Austin State TX Zip Code 78704 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979409 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions

Full Name (Last, First, Middle Initial)
Patsy Madrid Contributions

Mailing Address: Tamara Harris
10175 Sunstar Road

City: Monterey State: CA Zip Code: 93940

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: 61979410
Date of Disbursement: 01 / 31 / 2006

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]
MEMO

B. Patsy Madrid Contributions

Full Name (Last, First, Middle Initial)
Patsy Madrid Contributions

Mailing Address: Lois Schoenbrun
7204 Garland Ave

City: Takoma Park State: MD Zip Code: 20912

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: 61979411
Date of Disbursement: 01 / 29 / 2006

Amount of Each Disbursement this Period: 50.00

[MEMO ITEM]
MEMO

C. Patsy Madrid Contributions

Full Name (Last, First, Middle Initial)
Patsy Madrid Contributions

Mailing Address: Alison Tinsley
2510 Snow Road

City: Las Cruces State: NM Zip Code: 88005

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: 61979412
Date of Disbursement: 01 / 25 / 2006

Amount of Each Disbursement this Period: 250.00

[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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979413 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address: Gayle Hardt 6977 Wentworth Ave. SW | | Amount of Each Disbursement this Period 25.00 |
| City: Port Orchard State: WA Zip Code: 98367 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979414 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address: Frances Pepper 233 Oliver Road | | Amount of Each Disbursement this Period 100.00 |
| City: Cincinnati State: OH Zip Code: 45215 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979415 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address: Shari Schubot 1471 Folsom Road | | Amount of Each Disbursement this Period 10.00 |
| City: Loxahatchee State: FL Zip Code: 33470 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Patsy Madrid Contributions | | Transaction ID: 61979416 Date of Disbursement 01 / 24 / 2006 |
| Mailing Address Kenneth Deed 657A Heritage Village | | Amount of Each Disbursement this Period 25.00 |
| City Southbury | State CT | |
| Zip Code 06488 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Patsy Madrid Contributions | | Transaction ID: 61979417 Date of Disbursement 01 / 29 / 2006 |
| Mailing Address Mary Jane Pringle 2327 E. First Street | | Amount of Each Disbursement this Period 25.00 |
| City Tucson | State AZ | |
| Zip Code 85719 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Patsy Madrid Contributions | | Transaction ID: 61979418 Date of Disbursement 01 / 23 / 2006 |
| Mailing Address Shirley Brown 146 Tudor Oval | | Amount of Each Disbursement this Period 50.00 |
| City Westfield | State NJ | |
| Zip Code 07090 | | [MEMO ITEM] MEMO |
| Purpose of Disbursement Candidate Contrib Earmarked | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979419 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Heather Taylor 6432 Old Goose Creek Rd | | Amount of Each Disbursement this Period 50.00 |
| City Middleburg State VA Zip Code 20117 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979420 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Phyllis Ceaser 22 San Jose Court | | Amount of Each Disbursement this Period 100.00 |
| City Walnut Creek State CA Zip Code 94598 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979421 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Shirley Bandy 100 Mortier Drive, # 506 | | Amount of Each Disbursement this Period 10.00 |
| City College Station State TX Zip Code 77845 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Sally Mock 1433 Glenbrook Drive City Oklahoma City State OK Zip Code 73118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979422 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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|---|--|--|
| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 City San Francisco State CA Zip Code 94102 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979423 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Wendy Courtney 60 Quartz Trail City Santa Fe State NM Zip Code 87505 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979424 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Elizabeth Ehrenfeld 6 Shoreline Drive City Falmouth State ME Zip Code 04105 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979425 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Marvin Huggins 5732 White Pine Drive City Saint Louis State MO Zip Code 63129 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979426 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Melody Robidoux 10128 Se 16Th Place City Bellevue State WA Zip Code 98004 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979427 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Lucille Cooper 5460 Paseo del Lago, # A City: Laguna Woods State: CA Zip Code: 92637 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979428 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Stefan Athanasiadis 5215 Pipe Creek Road City: Batesville State: IN Zip Code: 47006 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979429 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Leta Brewer 14 San Fernando Ave City: Los Lunas State: NM Zip Code: 87031 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979430 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Pat Deutch 51 Clifton Street City Belmont State MA Zip Code 02478 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979431 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Marilyn Tiaven 4980 Stacy Street City Oakland State CA Zip Code 94605 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979432 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Conrad Goodwin 4801 Westover Terrace City Knoxville State TN Zip Code 37914 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979433 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

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| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Marcia Kupferberg 2001 Hamilton Street City: Philadelphia State: PA Zip Code: 19130 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979434 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Geneva Loveland 4801 Connecticut Avenue City: Washington State: DC Zip Code: 20008 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979435 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Mary Jo Heyl 4701 Willard Avenue, #903 City: Chevy Chase State: MD Zip Code: 20815 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979436 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Patsy Madrid Contributions | | Transaction ID: 61979437 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Rita Lang 2 Red Oak Road | | Amount of Each Disbursement this Period 50.00 |
| City Greenville State SC Zip Code 29615 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) B. Patsy Madrid Contributions | | Transaction ID: 61979438 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Suzanne Huard 463 Portland Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Rollinsford State NH Zip Code 03869 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| Full Name (Last, First, Middle Initial) C. Patsy Madrid Contributions | | Transaction ID: 61979439 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Fay Bussgang 2 Forest Street | | Amount of Each Disbursement this Period 50.00 |
| City Lexington State MA Zip Code 02421 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

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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

| | | |
|--|--|--|
| A. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Pamela Tuson 101 Rudy's Knob Lane City Arcata State CA Zip Code 95521 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979440 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Estelle Voeller 1365 Tolman Creek Road City Ashland State OR Zip Code 97520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979441 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address Charlotte Bird 4182 Ingalls Street City San Diego State CA Zip Code 92103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979442 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Jean Kindleberger 19 Prentiss Street City: Cambridge State: MA Zip Code: 02140 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979443 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Julie Codell 1316 E. McNair Drive City: Tempe State: AZ Zip Code: 85283 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979444 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Mailing Address: Kathryn Anastos 41 Lewis Parkway City: Yonkers State: NY Zip Code: 10705 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979445 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979446 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Elizabeth Sherwin 403 James Wood Court | | Amount of Each Disbursement this Period 250.00 |
| City New Milford State NJ Zip Code 07646 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Patsy Madrid Contributions Full Name (Last, First, Middle Initial) Patsy Madrid Contributions | | Transaction ID: 61979447 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Mary Schwalbe 129 East 69th Street, # 12A | | Amount of Each Disbursement this Period 50.00 |
| City New York State NY Zip Code 10021 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions | | Transaction ID: 61979448 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sondra Langweil 37 Valerian Court | | Amount of Each Disbursement this Period 10.00 |
| City N. Bethesda State MD Zip Code 20852 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) A. Paula Hollinger Contributions | | Transaction ID: 61979449 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Susan Ralston 35 East 75 Street, # 4E | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10021 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) B. Paula Hollinger Contributions | | Transaction ID: 61979450 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Marjorie Dearmont 101 Oak Crest Drive | | Amount of Each Disbursement this Period 20.00 |
| City Bertram State TX Zip Code 78605 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| Full Name (Last, First, Middle Initial) C. Paula Hollinger Contributions | | Transaction ID: 61979451 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Abigail Faulkner 345 Kelton Road | | Amount of Each Disbursement this Period 250.00 |
| City East Montpelier State VT Zip Code 05651 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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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

| | | |
|---|--|---|
| A. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Dorothy Keville 343 Commercial Street City Boston State MA Zip Code 02109 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979452 Date of Disbursement 01 / 25 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Ellen Dale 16 Gardiner Court City Orinda State CA Zip Code 94563 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979453 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Laurel McLaughlin Box 70019 City Fairbanks State AK Zip Code 99707 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979454 Date of Disbursement 01 / 28 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| 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)

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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

| | | |
|--|--|--|
| A. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Judith Dubin 9936 Beverly Grove Drive City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979455 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Judy Honig 9911 Depaul Drive City Bethesda State MD Zip Code 20817 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979456 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO |
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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Margaret Greenawalt 8800 Montgomery Avenue City Wyndmoor State PA Zip Code 19038 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979457 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Harold Tulchin 8 Rittenhouse Road City Bronxville State NY Zip Code 10708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979458 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Carol Seibert 2611 Lake Street City San Francisco State CA Zip Code 94121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979459 Date of Disbursement 01 / 27 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Emma Rosow 122 Green Way City Wayland State MA Zip Code 01778 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979460 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Amy Lowrey 1502 Newning Ave City Austin State TX Zip Code 78704 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979461 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
|---|--|--|

| | | |
|--|--|---|
| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Gayle Hardt 6977 Wentworth Ave. SW City Port Orchard State WA Zip Code 98367 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979462 Date of Disbursement 01 / 27 / 2006 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|--|--|---|

| | | |
|---|--|---|
| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Shari Schubot 1471 Folsom Road City Loxahatchee State FL Zip Code 33470 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979463 Date of Disbursement 01 / 20 / 2006 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| <p>A. Paula Hollinger Contributions</p> <p>Full Name (Last, First, Middle Initial) Paula Hollinger Contributions</p> <p>Mailing Address Kenneth Deed 657A Heritage Village</p> <p>City Southbury State CT Zip Code 06488</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979464 Date of Disbursement 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
|---|--|---|

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| <p>B. Paula Hollinger Contributions</p> <p>Full Name (Last, First, Middle Initial) Paula Hollinger Contributions</p> <p>Mailing Address Heather Taylor 6432 Old Goose Creek Rd</p> <p>City Middleburg State VA Zip Code 20117</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979465 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>C. Paula Hollinger Contributions</p> <p>Full Name (Last, First, Middle Initial) Paula Hollinger Contributions</p> <p>Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6</p> <p>City San Francisco State CA Zip Code 94102</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979466 Date of Disbursement 01 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> | <p>0.00</p> |
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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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions | | Transaction ID: 61979467 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Melody Robidoux 10128 Se 16Th Place | | Amount of Each Disbursement this Period 250.00 |
| City Bellevue State WA Zip Code 98004 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions | | Transaction ID: 61979468 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Carol Ducak 14 E 56th Street | | Amount of Each Disbursement this Period 36.00 |
| City Kansas City State MO Zip Code 64113 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions | | Transaction ID: 61979469 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Kupferberg 2001 Hamilton Street | | Amount of Each Disbursement this Period 100.00 |
| City Philadelphia State PA Zip Code 19130 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Pamela Tuson 101 Rudy's Knob Lane City Arcata State CA Zip Code 95521 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979470 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
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| B. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Charlotte Bird 4182 Ingalls Street City San Diego State CA Zip Code 92103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979471 Date of Disbursement 01 / 23 / 2006 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
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| C. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions Mailing Address Beth Rector 415 Oak Street City Chadbourn State NC Zip Code 28431 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979472 Date of Disbursement 01 / 24 / 2006 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Paula Hollinger Contributions Full Name (Last, First, Middle Initial) Paula Hollinger Contributions | | Transaction ID: 61979473 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Elizabeth Sherwin 403 James Wood Court | | Amount of Each Disbursement this Period 250.00 |
| City New Milford State NJ Zip Code 07646 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| B. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Peggy Lamm Contributions | | Transaction ID: 61979474 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Sondra Langweil 37 Valerian Court | | Amount of Each Disbursement this Period 10.00 |
| City N. Bethesda State MD Zip Code 20852 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| C. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Peggy Lamm Contributions | | Transaction ID: 61979475 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Marjorie Dearmont 101 Oak Crest Drive | | Amount of Each Disbursement this Period 20.00 |
| City Bertram State TX Zip Code 78605 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Lamm Contributions | | Transaction ID: 61979476 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Susan Ralston 35 East 75 Street, # 4E | | Amount of Each Disbursement this Period 100.00 |
| City New York State NY Zip Code 10021 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Peggy Lamm Contributions | | Transaction ID: 61979477 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Marcia McKenzie PO Box 33977 | | Amount of Each Disbursement this Period 100.00 |
| City Juneau State AK Zip Code 99803 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Peggy Lamm Contributions | | Transaction ID: 61979478 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Laurel McLaughlin Box 70019 | | Amount of Each Disbursement this Period 25.00 |
| City Fairbanks State AK Zip Code 99707 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Lamm Contributions | | Transaction ID: 61979479 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Laura Ford 295 Red Tail Trail | | Amount of Each Disbursement this Period 100.00 |
| City Evergreen State CO Zip Code 80439 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Peggy Lamm Contributions | | Transaction ID: 61979480 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Nancy Graham 2646 S Steele Street | | Amount of Each Disbursement this Period 100.00 |
| City Denver State CO Zip Code 80210 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Peggy Lamm Contributions | | Transaction ID: 61979481 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Harold Tulchin 8 Rittenhouse Road | | Amount of Each Disbursement this Period 100.00 |
| City Bronxville State NY Zip Code 10708 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Emma Rosow 122 Green Way City Wayland State MA Zip Code 01778 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979482 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
|---|--|--|

| | | |
|---|--|--|
| B. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Carol Seibert 2611 Lake Street City San Francisco State CA Zip Code 94121 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979483 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
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| C. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Amy Lowrey 1502 Newning Ave City Austin State TX Zip Code 78704 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979484 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
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| 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)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Peggy Lamm Contributions | | Transaction ID: 61979485 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address: Gayle Hardt 6977 Wentworth Ave. SW | | Amount of Each Disbursement this Period 25.00 |
| City: Port Orchard State: WA Zip Code: 98367 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| B. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Peggy Lamm Contributions | | Transaction ID: 61979486 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address: Shari Schubot 1471 Folsom Road | | Amount of Each Disbursement this Period 10.00 |
| City: Loxahatchee State: FL Zip Code: 33470 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| C. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Peggy Lamm Contributions | | Transaction ID: 61979487 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address: Kenneth Deed 657A Heritage Village | | Amount of Each Disbursement this Period 25.00 |
| City: Southbury State: CT Zip Code: 06488 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------|
| 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. Peggy Lamm Contributions | | Transaction ID: 61979488 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address Shirley Bandy 100 Mortier Drive, # 506 | | Amount of Each Disbursement this Period 10.00 |
| City College Station State TX Zip Code 77845 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) B. Peggy Lamm Contributions | | Transaction ID: 61979489 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address Mary Jane Pringle 2327 E. First Street | | Amount of Each Disbursement this Period 25.00 |
| City Tucson State AZ Zip Code 85719 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Peggy Lamm Contributions | | Transaction ID: 61979490 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address Roberta Martin 6040 Pitch Lane | | Amount of Each Disbursement this Period 25.00 |
| City Boynton Beach State FL Zip Code 33437 | [MEMO ITEM] MEMO | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| 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)

PAGE 588 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Lamm Contributions | | Transaction ID: 61979491 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Sally Mock 1433 Glenbrook Drive | | Amount of Each Disbursement this Period 100.00 |
| City Oklahoma City State OK Zip Code 73118 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Peggy Lamm Contributions | | Transaction ID: 61979492 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Elaine Dallman 601 Van Ness Avenue, # 6 | | Amount of Each Disbursement this Period 25.00 |
| City San Francisco State CA Zip Code 94102 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Peggy Lamm Contributions | | Transaction ID: 61979493 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address Melody Robidoux 10128 Se 16Th Place | | Amount of Each Disbursement this Period 500.00 |
| City Bellevue State WA Zip Code 98004 | Purpose of Disbursement Candidate Contrib Earmarked Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO |

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| 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)

PAGE 589 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Lamm Contributions | | Transaction ID: 61979494 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Marvin Huggins 5732 White Pine Drive | | Amount of Each Disbursement this Period 25.00 |
| City Saint Louis State MO Zip Code 63129 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Peggy Lamm Contributions | | Transaction ID: 61979495 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Jane Hopkins 20650 Lomita Avenue | | Amount of Each Disbursement this Period 50.00 |
| City Saratoga State CA Zip Code 95070 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Peggy Lamm Contributions | | Transaction ID: 61979496 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address Marcia Kupferberg 2001 Hamilton Street | | Amount of Each Disbursement this Period 100.00 |
| City Philadelphia State PA Zip Code 19130 | [MEMO ITEM] MEMO | |
| Purpose of Disbursement Candidate Contrib Earmarked | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 590 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Marilyn Tiaven 4980 Stacy Street City Oakland State CA Zip Code 94605 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979497 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
|--|--|--|

| | | |
|--|--|--|
| B. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Pamela Tuson 101 Rudy's Knob Lane City Arcata State CA Zip Code 95521 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979498 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] MEMO |
|--|--|--|

| | | |
|---|--|--|
| C. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address Martha Solano 4622 Citation Court City Batavia State OH Zip Code 45103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | Transaction ID: 61979499 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO |
|---|--|--|

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| 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)

PAGE 591 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| <p>A. Peggy Lamm Contributions</p> <p>Full Name (Last, First, Middle Initial) Peggy Lamm Contributions</p> <p>Mailing Address Nancy Macchia 457 Beacon Street, # 5</p> <p>City Boston State MA Zip Code 02115</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979500 Date of Disbursement 01 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>B. Peggy Lamm Contributions</p> <p>Full Name (Last, First, Middle Initial) Peggy Lamm Contributions</p> <p>Mailing Address Steven Saeger 4474 Greenbriar Blvd</p> <p>City Boulder State CO Zip Code 80305</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979501 Date of Disbursement 01 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p> |
| <p>C. Peggy Lamm Contributions</p> <p>Full Name (Last, First, Middle Initial) Peggy Lamm Contributions</p> <p>Mailing Address Charlotte Bird 4182 Ingalls Street</p> <p>City San Diego State CA Zip Code 92103</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 61979502 Date of Disbursement 01 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p> |

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)

PAGE 592 / 1289

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <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. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address: Morris Moore 4145 Amber Street City: Boulder State: CO Zip Code: 80304 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979503 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO |
|---|--|---|

| | | |
|---|--|--|
| B. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address: Elizabeth Sherwin 403 James Wood Court City: New Milford State: NJ Zip Code: 07646 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979504 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO |
|---|--|--|

| | | |
|---|--|---|
| C. Peggy Lamm Contributions Full Name (Last, First, Middle Initial) Mailing Address: Mary Schwalbe 129 East 69th Street, # 12A City: New York State: NY Zip Code: 10021 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 61979505 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 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)

PAGE 593 / 1289

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 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 Lamm Contributions

Mailing Address Joan Bolker
10 Chester st.

City State Zip Code
Newton MA 02461

Purpose of Disbursement
Candidate Contrib Earmarked

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61979506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

6771.00

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)

PAGE 594 / 1289

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Geraldine Brin-Keane | | Transaction ID: SB28A-83539 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 196 Cedar Ridge Terr. | | Amount of Each Disbursement this Period 9.69 |
| City Glastonbury State CT Zip Code 06033 | Category/ Type | |
| Purpose of Disbursement Refund | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Sarah Evans | | Transaction ID: SB28A-83254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 13 Mornington Lane | | Amount of Each Disbursement this Period 100.00 |
| City Clevelan Heights State OH Zip Code 44106 | Category/ Type | |
| Purpose of Disbursement Refund | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Patricia Ravitz | | Transaction ID: SB28A-83255 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 2616 Topaz Drive | | Amount of Each Disbursement this Period 105.00 |
| City Novato State CA Zip Code 94945 | Category/ Type | |
| Purpose of Disbursement Refund | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 214.69 |
| 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

| | | |
|---|--|---|
| A. Mary Ann Full Name (Last, First, Middle Initial) Mailing Address 9851 Harrison Road # 308 City Bloomington State MN Zip Code 55437 Purpose of Disbursement Refund 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) ▼ | | Transaction ID: SB28A-82697 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 30.00 Category/Type |
|---|--|---|

| | | |
|--|--|--|
| B. Carol Flint Full Name (Last, First, Middle Initial) Mailing Address 220 18th Street City Santa Monica State CA Zip Code 90402 Purpose of Disbursement Refund 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) ▼ | | Transaction ID: SB28A-82698 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 200.00 Category/Type |
|--|--|--|

| | | |
|---|--|---|
| C. Mary Gabrielson Full Name (Last, First, Middle Initial) Mailing Address 85 Old Goshen Road RR 1 Box 110D City Williamsburg State MA Zip Code 01096 Purpose of Disbursement Refund 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) ▼ | | Transaction ID: SB28A-82699 Date of Disbursement 01 / 31 / 2006 Amount of Each Disbursement this Period 25.00 Category/Type |
|---|--|---|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 255.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE 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 596 / 1289

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Susan Gregory | | Transaction ID: SB28A-82700 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 5 Oakwood Street | | Amount of Each Disbursement this Period 100.00 |
| City Ypsilanti State MI Zip Code 48197 | | |
| Purpose of Disbursement Refund Candidate Name | Category/Type | |
| 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. Lorraine Grace | | Transaction ID: SB28A-82701 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 6 Playa Verde | | Amount of Each Disbursement this Period 250.00 |
| City Tiburon State CA Zip Code 94920 | | |
| Purpose of Disbursement Refund Candidate Name | Category/Type | |
| 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) C. Truby LaGarde | | Transaction ID: SB28A-82702 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 15 East Third Street | | Amount of Each Disbursement this Period 25.00 |
| City Frederick State MD Zip Code 21701 | | |
| Purpose of Disbursement Refund Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 375.00 |
| 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)

PAGE 597 / 1289

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Elaine Snider | | Transaction ID: SB28A-82703 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 3 Arrowood Terrace | | Amount of Each Disbursement this Period 200.00 |
| City Bethecla State MD Zip Code 20817 | | |
| Purpose of Disbursement Refund Candidate Name | Category/Type | |
| 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. Debbie Thompson | | Transaction ID: SB28A-82704 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 2860 Tessmer Road | | Amount of Each Disbursement this Period 50.00 |
| City Ann Arbor State MI Zip Code 48103 | | |
| Purpose of Disbursement Refund Candidate Name | Category/Type | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 1094.69 |

SCHEDULE 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 598 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. The Guardian | | Transaction ID: SB29-82253 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address P. O. Box 95101 | | Amount of Each Disbursement this Period 17.77 |
| City Chicago State IL Zip Code 60694-5101 | Category/ Type A Hernandez TX State Rep | |
| Purpose of Disbursement In Kind Health Insurance | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Guardian | | Transaction ID: SB29-82254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address P. O. Box 95101 | | Amount of Each Disbursement this Period 17.77 |
| City Chicago State IL Zip Code 60694-5101 | Category/ Type S Lovell City Council Houston TX | |
| Purpose of Disbursement In Kind Health Insurance | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB29-82301 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 215.31 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Category/ Type See Attached Memo Entry | |
| Purpose of Disbursement In-Kind Travel/ Accommodations | | |
| 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 250.85 |
| 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 599 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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. American Express | | Transaction ID: SB29-82374 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 360001 | | Amount of Each Disbursement this Period 571.89 |
| City Ft Lauderdale State FL Zip Code 33336-0001 | Purpose of Disbursement In-Kind Travel/ Accommodations 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. EMILY's List - Non-Federal #2 | | Transaction ID: SB29-82629 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 30.00 |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Transfer to Non-Federal Fund 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) ▼ | K Stevenson contrib orig reported 12/15/05 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. EMILY's List - Non-Federal #2 | | Transaction ID: SB29-82630 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 50.00 |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Transfer to Non-Federal Fund 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) ▼ | C Levin contrib orig reported 12/05/05 |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 651.89 |
| 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 600 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 #2 | | Transaction ID: SB29-82631 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 100.00 |
| City Washington State DC Zip Code 20036 | S Ferguson contrib orig reported 12/15/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. EMILY's List Non-Federal #3 | | Transaction ID: SB29-82632 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 500.00 |
| City Washington State DC Zip Code 20036 | R Schumann contrib orig reported 12/20/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. EMILY's List Non-Federal #3 | | Transaction ID: SB29-82633 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 250.00 |
| City Washington State DC Zip Code 20036 | M Cooper contrib orig reported 12/19/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 850.00 |
| 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)

PAGE 601 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 | | Transaction ID: SB29-82634 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 10000.00 |
| City Washington State DC Zip Code 20036 | E Gracie contrib orig reported 12/28/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. EMILY's List Non-Federal #3 | | Transaction ID: SB29-82635 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington State DC Zip Code 20036 | M Weissman contrib orig reported 12/14/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. EMILY's List Non-Federal #3 | | Transaction ID: SB29-82636 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 2000.00 |
| City Washington State DC Zip Code 20036 | S Edwards contrib orig reported 12/22/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17000.00 |
| 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)

PAGE 602 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 | | Transaction ID: SB29-82637 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20036 | J Cox contrib orig report- ed 12/23/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. EMILY's List Non-Federal #3 | | Transaction ID: SB29-82638 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW Suite 1100 | | Amount of Each Disbursement this Period 560.00 |
| City Washington State DC Zip Code 20036 | S McDaniel contrib orig reported 12/01/05 | |
| Purpose of Disbursement Transfer to Non-Federal Fund | | Category/ Type |
| 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) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. WIN | | Transaction ID: SB29-82664 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2850 Connecticut Ave., NW Suite 100 | | Amount of Each Disbursement this Period 250.00 |
| City Washington State DC Zip Code 20036 | Category/ Type | |
| Purpose of Disbursement Contribution | | |
| 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1810.00 |
| 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)

PAGE 603 / 1289

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | | |
|--|--|---|
| A. Exxon Full Name (Last, First, Middle Initial) Mailing Address 2525 S Shepherd Dr City Houston State TX Zip Code 77019 Purpose of Disbursement In-Kind Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB29-82301-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 22.49 [MEMO ITEM] S Lovell City Council Houston TX |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type |

| | | |
|---|--|--|
| B. Enterprise Rent A Car Full Name (Last, First, Middle Initial) Mailing Address 1300 Lamar Street City Houston State TX Zip Code 77010 Purpose of Disbursement In-Kind Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB29-82301-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 192.82 [MEMO ITEM] S Lovell City Council Houston TX |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type |

| | | |
|---|--|--|
| C. Avis Rent A Car Full Name (Last, First, Middle Initial) Mailing Address 812 Saint Joseph St City Houston State TX Zip Code 77023 Purpose of Disbursement In-Kind Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Transaction ID: SB29-82374-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 571.89 [MEMO ITEM] A Hernandez TX State Rep |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Category/Type |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 20562.74 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 604 / 1289
(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)
Mr. Arthur N. Abbey

Mailing Address 12 Gramercy Park South

City State Zip Code
New York NY 10003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1979713

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Nancy Aboff

Mailing Address 22 Soundview Drive N.

City State Zip Code
Huntington NY 11743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978129

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Nina Dodge Abrams

Mailing Address 25520 Sherwood

City State Zip Code
Huntington Woods MI 48070

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Abrams, Yu and Associates
PC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990945

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 605 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Ellen W Ackerman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2508 Melaway Drive | | Transaction ID: 1984281 | |
| City Richmond | State VA | Zip Code 23228 | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Janice S. Adkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1611 Cold Spring Road Apt. 219 | | Transaction ID: 1979125 | |
| City Williamstown | State MA | Zip Code 01267 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Homemaker | | |
| 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) C. Ms. Liz Akers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2421 Park Estates Drive | | Transaction ID: 1984646 | |
| City Sacramento | State CA | Zip Code 95825 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 606 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Linda Albert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 1930 Harbourside Dr Unit 133 | | Transaction ID: 1987281 |
| City State Zip Code Longboat Key FL 34228 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Ms. Arlene Alda | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 60 W 66th Street Apt. 15A | | Transaction ID: 1979117 |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Photographer/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) C. Ms. J. Allan Ales | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 715 Linwood Avenue | | Transaction ID: 1980425 |
| City State Zip Code St. Paul MN 55105 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Sales Representative | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 607 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Edith W. Allen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 53 Richfield Road | | Transaction ID: 1990951 |
| City State Zip Code Arlington MA 02474 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Artist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Dr. James E. Allison | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 4101 Greenbriar Street Ste. 100 | | Transaction ID: 1979467 |
| City State Zip Code Houston TX 77098 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas Children's Hospital Occupation Physician | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Nancy Alvord | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 5601 N.E. Ambleside Road | | Transaction ID: 1979201 |
| City State Zip Code Seattle WA 98105 | Amount of Each Receipt this Period 4950.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 4950.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6200.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 608 / 1289 |
| | (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. Ms. Grace Ames | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 10 10 O'Clock Lane | | Transaction ID: 1984461 |
| City State Zip Code Weston CT 06883 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | 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. Ms. Madeline Anbinder | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 151 Central Park West, # 7C | | Transaction ID: 1977088 |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | 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) C. Ms. Marilyn Anderson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1035 Mount Woolard Rd | | Transaction ID: 1978276 |
| City State Zip Code Eastsound WA 98245 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 609 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Bettye J. Anderson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 7003 Pauline Circle | | Transaction ID: 1988559 | |
| City Chattanooga | State TN | Amount of Each Receipt this Period 300.00 | |
| Zip Code 37421 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| 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. Ms. Kathleen M. Anderson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 737 Eagle Farm Road | | Transaction ID: 1980307 | |
| City Villanova | State PA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 19085 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Unemployed | | | |
| 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) C. Ms. Paula Angerstein | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 2100 Westlake Drive | | Transaction ID: 1980452 | |
| City Austin | State TX | Amount of Each Receipt this Period 500.00 | |
| Zip Code 78746 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation LIQUOR MANUFACTURER | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 610 / 1289 |
| | (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. Ms. Patricia Archibald | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 605 Wren Dr | | Transaction ID: 1986392 | |
| City State Zip Code Franklin IN 46131 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Dr. Sona Aronian | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 14 Helme Road | | Transaction ID: 1986588 | |
| City State Zip Code Kingston RI 02881 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Professor Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Daniel Aronson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 490 E. Prospect Avenue | | Transaction ID: 1990112 | |
| City State Zip Code Mount Vernon NY 10553 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Accountant Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 611 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Ms. Suzanne Atwell

Mailing Address 447 Bird Key Dr.

City State Zip Code
Sarasota FL 34236

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2734.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1996079

Amount of Each Receipt this Period
2734.00

Inkind contrib Catering/F-acilities

B. Full Name (Last, First, Middle Initial)
Ms. Nicolette Ausschnitt

Mailing Address 166 27th Avenue

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
Self Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990898

Amount of Each Receipt this Period
249.00

C. Full Name (Last, First, Middle Initial)
Mr. Gilbert S. Avery, III

Mailing Address 1141 Spyglass Drive

City State Zip Code
Eugene OR 97401

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1987381

Amount of Each Receipt this Period
500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3483.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 612 / 1289 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Laura J. Baden | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 9040 Keystone Avenue | | Transaction ID: 1988203 | |
| City State Zip Code Skokie IL 60076 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Freelance Writer | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Elizabeth B. Baer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 329 Heritage Point | | Transaction ID: 1990111 | |
| City State Zip Code Morgantown WV 26505 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Mary Louise Bagnara | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3200 E Via Celeste | | Transaction ID: 1985047 | |
| City State Zip Code Tucson AZ 85718 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 613 / 1289 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. John Bailey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 3401 Dorothy Lane South | | Transaction ID: 1986253 |
| City State Zip Code Fort Worth TX 76107 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Mount Olivet Cemetery Ass-oc. | Occupation Cemetery Executive | |
| 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. Ms. Marion Scattergood Ballard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 4413 Chalfont Place | | Transaction ID: 1985210 |
| City State Zip Code Bethesda MD 20816 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Mr. James Barker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 46438 257th Street | | Transaction ID: 1985134 |
| City State Zip Code Hartford SD 57033 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 614 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. Mrs. Zelda Barnett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 733 De Soto Drive | | Transaction ID: 1977602 | |
| City Palo Alto | State CA | Zip Code 94303 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Stanford University | Occupation Professor | | |
| 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. Ms. Georgia B. Barnhill | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 157 Robinson Road | | Transaction ID: 1986539 | |
| City Oakham | State MA | Zip Code 01068 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American Antiquarian Soc | Occupation Curator | | |
| 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) C. Mrs. Margaret M. Barrett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 58 Upper Lake Shore Drive | | Transaction ID: 1986707 | |
| City Katonah | State NY | Zip Code 10536 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 615 / 1289 |
| | <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. Ms. Rena Hecht Basch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 4260 Shetland Drive | | Transaction ID: 1976012 | |
| City State Zip Code Ann Arbor MI 48105 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Ford Motor Company Technical Leader | | | |
| 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. Ms. Margaret L. Bates | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 700 John Ringling Blvd. # N303 | | Transaction ID: 1989919 | |
| City State Zip Code Sarasota FL 34236 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Nancy W Bauer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 8511 Navajo | | Transaction ID: 1977050 | |
| City State Zip Code Philadelphia PA 19118 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self professor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 5750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 616 / 1289 |
| | <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. Ms. Rachel R. Bayly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 509 Anne Street | | Transaction ID: 1984280 | |
| City State Zip Code Falls Church VA 22046 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer US Treasury Dept. | Occupation Economist | | |
| 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. Ms. Barbara Beard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 541 Barberry Lane | | Transaction ID: 1976298 | |
| City State Zip Code Louisville KY 40206 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Joellen M. Becker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 281 W. Coral Trace Circle | | Transaction ID: 1980761 | |
| City State Zip Code Delray Beach FL 33445 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Jarden Consumer Solutions | | Occupation Director, IT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 617 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Susan Beckerman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 32 West 88th Street | | Transaction ID: 1986040 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Mr. Michael A. Beck-Gifford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 2048 Huntington Circle | | Transaction ID: 1987647 |
| City State Zip Code Fort Collins CO 80526 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Pediatric Nurse Practitioner Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Prudence R. Beidler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 20 S. Stone Gate Road | | Transaction ID: 1990911 |
| City State Zip Code Lake Forest IL 60045 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker/Volunteer Aggregate Year-to-Date ▼ 2500.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 618 / 1289 |
| | (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. Ms. Patricia Beilman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 25 West 94th Street | | Transaction ID: 1989637 | |
| City State Zip Code New York NY 10025 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation Homemaker | | | |
| 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. Ms. Diane Belcher | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 2901 Gulf Shore Blvd N Apt 203 | | Transaction ID: 1985400 | |
| City State Zip Code Naples FL 34103 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Registered Nurse | | | |
| 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) C. Ms. Carol Bellamy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 74 Harris Avenue | | Transaction ID: 1989598 | |
| City State Zip Code Brattleboro VT 05301 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer world learning Occupation law | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 619 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. Barry Bennett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1521 W Fir Avenue | | Transaction ID: 1986259 |
| City State Zip Code Fresno CA 93711 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Bennett & Sharpe PC | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Mr. Thomas Berg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 5351 Edgehill Circle | | Transaction ID: 1986591 |
| City State Zip Code Ventura CA 93003 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Co of Ventura | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Doris Bergen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 642 Shultz Drive | | Transaction ID: 1985974 |
| City State Zip Code Hamilton OH 45013 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Miami University | Occupation Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 620 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. Janet L Bergman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 6173 ISLAND WALK APT C | | Transaction ID: 1984276 |
| City State Zip Code Boca Raton FL 33496 | Amount of Each Receipt this Period 250.00 | |
| 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 ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dr. Barbara H. Bergmann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 966 SE Sunwood Court | | Transaction ID: 1986446 |
| City State Zip Code Bend OR 97702 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Mr. Paul J. Berman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 13808 Ivywood Lane | | Transaction ID: 1983990 |
| City State Zip Code Silver Spring MD 20904 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Covington & Burling | Occupation Lawyer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 621 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Lorna Rissier Bernard, Esq. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 2658 Irma Lake Drive | | Transaction ID: 1990384 | |
| City State Zip Code West Palm Beach FL 33411 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Elliot Bernold | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 3002 Oregon Knolls Drive NW | | Transaction ID: 1986024 | |
| City State Zip Code Washington DC 20015 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation edgewood management executive | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Miriam Bernstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 3117 Esther Drive | | Transaction ID: 1979128 | |
| City State Zip Code Cincinnati OH 45213 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 622 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Murray Berrie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 14745 Draft Horse Lane | | Transaction ID: 1977051 |
| City State Zip Code Wellington FL 33414 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Murray Berrie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 14745 Draft Horse Lane | | Transaction ID: 1987325 |
| City State Zip Code Wellington FL 33414 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. William J. Best | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address 3439 Brae Bourn Drive | | Transaction ID: 1987571 |
| City State Zip Code Huntingdon Valley PA 19006 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Engineer | |
| Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 623 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Mr. Daniel Beswick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 467 Encina Avenue | | Transaction ID: 1977500 |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Edis H. Betts | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 2 Wonderbrook Drive | | Transaction ID: 1985919 |
| City State Zip Code Kennebunk ME 04043 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Kathryn R. Beveridge | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 146 Spinney Mill Road | | Transaction ID: 1976513 |
| City State Zip Code Arrowsic ME 04530 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation OPTOMETRIST | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 624 / 1289 |
| | (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. Ms. Margot Kramer Biehle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 377 Madrone Avenue | | Transaction ID: 1976626 |
| City State Zip Code Larkspur CA 94939 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Lisa A. Bielefeld | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 132 Mt. Vernon Street | | Transaction ID: 1979076 |
| City State Zip Code Arlington MA 02476 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Software Engineer | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Anne W. Bingham | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 50 White Birch Road | | Transaction ID: 1989447 |
| City State Zip Code Salem CT 06420 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 625 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Ms. Charlotte S. Bird

Mailing Address 4182 Ingalls Street

City State Zip Code
San Diego CA 92103

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: 1986594

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Birge

Mailing Address 1 Greenwood Common

City State Zip Code
Berkeley CA 94708

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2006

Transaction ID: 1978539

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Birge

Mailing Address 1 Greenwood Common

City State Zip Code
Berkeley CA 94708

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: 1986467

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 626 / 1289 |
| | (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. Mr. Hill Blackett, III | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 117 Requa Road | | Transaction ID: 1978133 | |
| City State Zip Code Piedmont CA 94611 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Murphy, Weir, & Butler | Occupation Lawyer | | |
| 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. Dr. Virginia Y. Blacklidge | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 663 Coventry Road | | Transaction ID: 1988208 | |
| City State Zip Code Kensington CA 94707 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Margaret H. Blair | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 1236N. State | | Transaction ID: 1978568 | |
| City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 627 / 1289
(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)
Ms. Elizabeth L. Blair

Mailing Address 211 Durazno Way

City State Zip Code
Portola Valley CA 94028

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

Name of Employer Occupation
Yahoo Internet - SVP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 6

Transaction ID: 1984211

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Donna W. Blake

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
VisiTech, Ltd. Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985213

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Chela Blitt

Mailing Address 1183 Keeler Avenue

City State Zip Code
Berkeley CA 94708

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

Name of Employer Occupation
Self Journalist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 1986465

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 628 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. David Block | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1314 Vincent Place | | Transaction ID: 1978842 | |
| City State Zip Code McLean VA 22101 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Mary Bloom | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 1418 N. Lake Shore Drive Apt. 15 | | Transaction ID: 1977203 | |
| City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Penny Blumenstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 237 Lakewood | | Transaction ID: 1988158 | |
| City State Zip Code Bloomfields Hills MI 48304 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Volunteer | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 629 / 1289 |
| | (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. Mrs. Mary P. Bogan | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 1255 N Gulfstream Avenue Apt. 904 | | Transaction ID: 1988886 |
| City State Zip Code Sarasota FL 34236 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Elizabeth J. Boland | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 8 Riverview Terrace | | Transaction ID: 1979113 |
| City State Zip Code Dover MA 02030 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation Attorney | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Anne Boley | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 17 Holt Place | | Transaction ID: 1979876 |
| City State Zip Code Madison WI 53719 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Uniserv Dir (WEAC) (NEA) | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 630 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Mr. Victor Bollman

Mailing Address 15735 N.E. Browndale Farm Road

City Aurora State OR Zip Code 97002

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988021

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Barbara Bonham

Mailing Address 1556 H Rd

City Franklin State NE Zip Code 68939

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 1986153

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Elaine S. Booth

Mailing Address 3 Winterbranch

City Irvine State CA Zip Code 92604

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

Name of Employer Occupation homemaker/activist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 25 / 2006

Transaction ID: 1988908

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 631 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Bitsy W Boozer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 21 W Wesley Rdg NW | | Transaction ID: 1977221 |
| City State Zip Code Atlanta GA 30327 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Drucy S. Borowitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 50 Dauphin Drive | | Transaction ID: 1987156 |
| City State Zip Code Williamsville NY 14221 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Childrens Hosp./Buffalo Physician | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Kay W. Bosselman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2715 Woodbine Ave | | Transaction ID: 1989481 |
| City State Zip Code Evanston IL 60201 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 632 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Diane Bostow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 801 Gracelyn Court | | Transaction ID: 1983997 | |
| City Blacksburg | State VA | Zip Code 24060 | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Nancy Crook Boulet | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 392C Gooseberry Road | | Transaction ID: 1980659 | |
| City Wakefield | State RI | Zip Code 02879 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Veterinarian | | |
| 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) C. Mrs. Sarane T. Bowen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 75 Century Drive | | Transaction ID: 1988871 | |
| City Mill Valley | State CA | Zip Code 94941 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 633 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Margaret C. Bowles

Mailing Address PO Box 100

City State Zip Code
Lyme NH 03768

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

Name of Employer Self Occupation Editor Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1980985

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Eugenie Rowe Bradford

Mailing Address 4800 Fillmore Ave Apt 1359

City State Zip Code
Alexandria VA 22311

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978782

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Brainerd

Mailing Address 2000 First Avenue, # 2504

City State Zip Code
Seattle WA 98121

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

Name of Employer Occupation 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 1 / 0 5 / 2 0 0 6

Transaction ID: 1990064

Amount of Each Receipt this Period
5000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 634 / 1289 |
| | (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. Dr. Susan M. Brainerd | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3528 Fair Oaks Lane | | Transaction ID: 1990938 | |
| City State Zip Code Longboat Key FL 34228 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Lucy L. Brakonieceki | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 96 Greentree Drive | | Transaction ID: 1975782 | |
| City State Zip Code Glastonbury CT 06033 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Richard Brashear | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address PO Box 3974 | | Transaction ID: 1989792 | |
| City State Zip Code Albany NY 12203 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Office Supervisor Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 635 / 1289 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Ann D. Braude | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 48 Porter Road | | Transaction ID: 1979183 | |
| City State Zip Code Cambridge MA 02140 | Amount of Each Receipt this Period 4900.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Harvard University | Occupation Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Ann D. Braude | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 48 Porter Road | | Transaction ID: 1989892 | |
| City State Zip Code Cambridge MA 02140 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Harvard University | Occupation Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Jill E. Braufman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 10 Gracie Square | | Transaction ID: 1990381 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Morton & Company | Occupation Textile/Pillow Dealer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 636 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Clotean H. Brayfield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 736 Palisado Avenue | | Transaction ID: 1987491 |
| City Windsor State CT Zip Code 06095 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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. Ms. Margaret L. Brennan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 135 Grace Trl | | Transaction ID: 1984115 |
| City Ash Flat State AR Zip Code 72513 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Lois Rivers Breton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1485 Lawrence Road | | Transaction ID: 1978780 |
| City Danville State CA Zip Code 94506 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | 750.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 637 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms Annie Bridges | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 5 Walden Ln | | Transaction ID: 1986120 | |
| City State Zip Code Littleton CO 80121 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Herbert Brinberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 115 E. 87th Street, # 14B | | Transaction ID: 1988162 | |
| City State Zip Code New York NY 10128 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Barbara Brisbine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1225 Lasalle Avenue Apt. 1404 | | Transaction ID: 1976204 | |
| City State Zip Code Minneapolis MN 55403 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 638 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Pamela Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3050 Military Rd NW Apt 636 | | Transaction ID: 1980357 |
| City State Zip Code Washington DC 20015 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Artist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Janet Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 3450 Military Avenue | | Transaction ID: 1977681 |
| City State Zip Code Los Angeles CA 90034 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Shirley A. Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 4734 Country Manor Drive | | Transaction ID: 1989967 |
| City State Zip Code Sarasota FL 34233 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer State of Florida Occupation Legislator | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 915.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 639 / 1289 |
| | (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. Ms. Kathan Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 75 Folsom, Apt. 1803 | | Transaction ID: 1985000 | |
| City State Zip Code San Francisco CA 94105 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Crown Point Press | Occupation Publisher | | |
| 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. Ms. Bonnie Brownell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 2692 E. Highland Avenue # 42 | | Transaction ID: 1979956 | |
| City State Zip Code Highland CA 92346 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Dr. Nancy Bruckner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 8620 Polk Street | | Transaction ID: 1976005 | |
| City State Zip Code McLean VA 22102 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Dermatology Assn. Of McLean | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 640 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Joanne E. Bruggemann

Mailing Address 3 Lido Circle

City State Zip Code
Redwood City CA 94065

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

Name of Employer San Mateo County Occupation Community Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2006

Transaction ID: 1977646

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Adalyn S. Brugger

Mailing Address 1973 Retreat Drive

City State Zip Code
Mechanicsville VA 23111

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

Name of Employer Law Offices of Robert Parkerson Occupation lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2006

Transaction ID: 1983994

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. John Buck

Mailing Address 11229 Cottonwood Road

City State Zip Code
Bozeman MT 59718

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

Name of Employer Buck Butterfield Inc Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985127

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 641 / 1289
(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)
Ms. Jody R. Buckley

Mailing Address 1309 San Mateo Drive

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Self Occupation
Venture philanthropist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1984006

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ms. Frances Bull

Mailing Address 3467 Craig Road

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer 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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1986140

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen K. Bumgarner

Mailing Address 7749 S.W. Afton Lane

City State Zip Code
Durham OR 97224

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

Name of Employer 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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1986123

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 642 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Kathleen J. Burke | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 320 Blackfield Drive | | Transaction ID: 1988160 |
| City State Zip Code Bel Tiburon CA 94920 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Stupski Family Foundation | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Marcia Burnam | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 10560 Wilshire Boulevard Apartment 1104 | | Transaction ID: 1989445 |
| City State Zip Code Los Angeles CA 90024 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Carole A. Burnett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 10 Pelican Court | | Transaction ID: 1985736 |
| City State Zip Code Petaluma CA 94954 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Housewife | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 643 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Marjorie A. Burnett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2739 N. Radford Street | | Transaction ID: 1989759 |
| City State Zip Code Arlington VA 22207 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Miller & Chevalier | Occupation Attorney | |
| 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. Ms. Amy Bush | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 684 Benecia Dr. #37 | | Transaction ID: 1978505 |
| City State Zip Code Santa Rosa CA 95409 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| 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) C. Ms. Amy Bush | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 684 Benecia Dr. #37 | | Transaction ID: 1980973 |
| City State Zip Code Santa Rosa CA 95409 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 644 / 1289 |
| | <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. Mr. Perry Butterfield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2198 S. Jackson Street | | Transaction ID: 1980508 |
| City State Zip Code Denver CO 80210 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UCHSC | 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. Ms. Mary Lyman Cammann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1711 SE 41st Avenue | | Transaction ID: 1985808 |
| City State Zip Code Portland OR 97214 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Mary Lyman Cammann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1711 SE 41st Avenue | | Transaction ID: 1987463 |
| City State Zip Code Portland OR 97214 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 645 / 1289 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mrs. Frieda R. Caplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 11651 Montecillo Road | | Transaction ID: 1986541 |
| City State Zip Code Los Alamitos CA 90720 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Frieda's, Inc. | Occupation Produce Merchant | |
| 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. Mr. Gary Caplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 3737 Parkfield Road | | Transaction ID: 1982593 |
| City State Zip Code Baltimore MD 21208 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Gary Caplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 3737 Parkfield Road | | Transaction ID: 1988954 |
| City State Zip Code Baltimore MD 21208 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1215.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 646 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Patricia A Carpenter

Mailing Address 4401 Altura N.E.

City State Zip Code
Albuquerque NM 87110

FEC 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
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990912

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Martha Carroll

Mailing Address 48 W. 11th Street

City State Zip Code
New York NY 10011

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

Name of Employer Self-Employed Occupation Historian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 1980164

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mrs. Robin Carter

Mailing Address 6002 Edgewater Drive

City State Zip Code
Corpus Christi TX 78412

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 1989473

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 647 / 1289
(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)
Ms. Kevin A. Cartwright

Mailing Address 1022 Chestnut Street

City State Zip Code
San Francisco CA 94109

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

Name of Employer Occupation
volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988919

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Ingrid G. Caruso

Mailing Address 83 Chapman Road

City State Zip Code
Garrison NY 10524

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

Name of Employer Occupation
Misafir, Inc Tour Organizer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989787

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Marie E. Cas

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985994

Amount of Each Receipt this Period
350.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 648 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Marie E. Cas | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3852 Ambassador Dr | | Transaction ID: 1990868 | |
| City Palm Harbor | State FL | Zip Code 34685 | Amount of Each Receipt this Period 350.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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. Ms. Laura K. Casey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 6 Red Bud Lane | | Transaction ID: 1988280 | |
| City Green Brook | State NJ | Zip Code 08812 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Homemaker | |
| 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) C. Ms. Laura K. Casey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 6 Red Bud Lane | | Transaction ID: 1988398 | |
| City Green Brook | State NJ | Zip Code 08812 | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 350.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 649 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Linda Cashion | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 2848 Via Conquistador | | Transaction ID: 1977125 | |
| City State Zip Code Carlsbad CA 92009 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Benex Biosciences Scientist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Stewart Casper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 72 Seir Hill Road | | Transaction ID: 1989437 | |
| City State Zip Code Wilton CT 06897 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Kicab Castaneda-Mendez | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 112 Rhododendron CT | | Transaction ID: 1985228 | |
| City State Zip Code Chapel Hill NC 27517 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation GE SVP Quality | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 650 / 1289 |
| | (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. Ms. Elizabeth Castro | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address PO Box 290455 | | Transaction ID: 1987699 | |
| City Fort Lauderdale | State FL | Amount of Each Receipt this Period 500.00 | |
| Zip Code 33329 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Bonnie C. Chang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1733 Holicong Road | | Transaction ID: 1988952 | |
| City New Hope | State PA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 18938 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Bonnie W. Chapman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 380 Gulf of Mexico Drive # 531 | | Transaction ID: 1987468 | |
| City Longboat Key | State FL | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 34228 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 651 / 1289 |
| | (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. Mr. Edgar M. Chase | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 9406 Michael Drive | | Transaction ID: 1979553 | |
| City State Zip Code Clinton MD 20735 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Annetta D. Cheek | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 3315 Longwood Drive | | Transaction ID: 1979613 | |
| City State Zip Code Baileys Xrds VA 22041 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer FAA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Requested Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Polly G. Cherner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 30 South Oak Avenue | | Transaction ID: 1977049 | |
| City State Zip Code San Anselmo CA 94960 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Educator Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 652 / 1289 |
| | (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. Ms. June Chewning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 3637 Appleton Street, N.W. | | Transaction ID: 1987439 | |
| City Washington | State DC | Zip Code 20008 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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. Ms. Margaret S. Child | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 2853 Ontario Road NW Apt. 101 | | Transaction ID: 1975778 | |
| City Washington | State DC | Zip Code 20009 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Rhea Chiles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 531 75th Street | | Transaction ID: 1978591 | |
| City Holmes Beach | State FL | Zip Code 34217 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 653 / 1289 |
| | <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 | |

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. Ms. Janet Chitwood | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 20563 Rock Hall Avenue #15 | | Transaction ID: 1984455 | |
| City State Zip Code Rock Hall MD 21661 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Evelyn Chumbley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 11804 Marine View Drive | | Transaction ID: 1979452 | |
| City State Zip Code Edmonds WA 98026 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Warm Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation VP Owner Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Louise Harvey Clark | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 6 Blackthorne Drive | | Transaction ID: 1987501 | |
| City State Zip Code Lafayette CA 94549 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Johnson Clark and As-soc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Property Manager Aggregate Year-to-Date ▼ 1000.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 654 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. Berneice L. Clayton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 79 Lakeshore Circle | | Transaction ID: 1980478 | |
| City State Zip Code Sacramento CA 95831 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Bonnie Clendenning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 23 Blake Street | | Transaction ID: 1986731 | |
| City State Zip Code Newton MA 02460 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Archaeological Institute of America Executive Director | | | |
| 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) C. Ms. Pamela Coffin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2904 Accomac Street | | Transaction ID: 1975942 | |
| City State Zip Code Saint Louis MO 63104 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Wm. Mercer Inc. Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 655 / 1289 |
| | <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. Ms. Edith Dee Cofrin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1074 Berkshire Road, N.E. | | Transaction ID: 1985207 |
| City State Zip Code Atlanta GA 30306 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer A La Carte Travel, Inc. | Occupation Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Mary Ann P. Cofrin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 29 Mill Lane | | Transaction ID: 1989871 |
| City State Zip Code Amherst MA 01002 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Fay G. Cohen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 15 Cottonwood Road | | Transaction ID: 1989426 |
| City State Zip Code Newton MA 02459 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Comm. of MA | Occupation Legislative Aide | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 656 / 1289 |
| | <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. Ms. Phyllis J. Cohen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 6619 Mercer Street | | Transaction ID: 1990546 | |
| City State Zip Code Houston TX 77005 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer City of West University | Occupation Council Member | | |
| 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. Ms. Carola V. Cohn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1547 Mt. Olivet Road | | Transaction ID: 1989673 | |
| City State Zip Code Zirconia NC 28790 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| 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) C. Ms. Priscilla A. Coleman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1422 De Haro Street # 1 | | Transaction ID: 1979541 | |
| City State Zip Code San Francisco CA 94107 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 657 / 1289
(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)
Ms. Priscilla A. Coleman

Mailing Address 1422 De Haro Street # 1

City State Zip Code
San Francisco CA 94107

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2006

Transaction ID: 1983999

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Sandra S. Coleman

Mailing Address 19 Cedar Street

City State Zip Code
Wellesley Hills MA 02481

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

Name of Employer Occupation
Harvard Law School Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2006

Transaction ID: 1985090

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Patti A. Colevas

Mailing Address 3710 Jenifer Street NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2006

Transaction ID: 1976382

Amount of Each Receipt this Period
250.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1289
(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)
Ms. Ann M. Collins

Mailing Address 7220 Farr Street

City State Zip Code
Annandale VA 22003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
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
0 1 / 0 3 / 2 0 0 6

Transaction ID: 1977501

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth L. Colton

Mailing Address 1848 Pine Street

City State Zip Code
San Francisco CA 94109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Investor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984262

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ms. Jane Condon

Mailing Address 38 Close Road

City State Zip Code
Greenwich CT 06831

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Comedian

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1989446

Amount of Each Receipt this Period
250.00

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 6250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 659 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Serena S Connelly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 3117 Brookhollow Drive | | Transaction ID: 1985236 | |
| City State Zip Code Farmers Branch TX 75234 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Contran Corp. Social Worker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Serena S Connelly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 3117 Brookhollow Drive | | Transaction ID: 1995372 | |
| City State Zip Code Farmers Branch TX 75234 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Contran Corp. Social Worker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Katherine Constan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 25 Garden Road | | Transaction ID: 1976325 | |
| City State Zip Code Scarsdale NY 10583 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 660 / 1289 |
| | (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. Mr. Anthony S. Cookson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 1908 Thayer Avenue | | Transaction ID: 1984999 | |
| City State Zip Code Los Angeles CA 90025 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Writer | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Fern Bruner Cooper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 10906 Pinehurst Drive, # A | | Transaction ID: 1986215 | |
| City State Zip Code Austin TX 78747 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Mary Cooper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1165 5th Avenue | | Transaction ID: 1979611 | |
| City State Zip Code New York NY 10029 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 661 / 1289
(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)
Ms. Paula Cooper

Mailing Address 465 West 23rd Street
PH B

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1979419

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Coravos

Mailing Address 22 Erie Avenue

City State Zip Code
Newton MA 02461

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

Name of Employer Occupation
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
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978074

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Husum Cornew

Mailing Address 66 Abbottsford Road

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Pattern Association Marketer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1976777

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 662 / 1289 |
| | <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. Ms. Rhea Coskey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 608 N. Palm Dr. | | Transaction ID: 1985083 | |
| City State Zip Code Beverly Hills CA 90210 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Property Management Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Cathleen A. Costello | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1308 Forest Glen Dr. So. | | Transaction ID: 1984004 | |
| City State Zip Code Winnetka IL 60093 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Betsy L. Cotton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 65 Evergreen Lane | | Transaction ID: 1975922 | |
| City State Zip Code Berkeley CA 94705 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 663 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Sarah E. Cox | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 18 Arlington Road | | Transaction ID: 1980444 | |
| City State Zip Code West Hartford CT 06107 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of CT School of Law | | Occupation Law Librarian | |
| 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. Ms. Ria Coyne | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 541 W 113th Street, Apt. 6B | | Transaction ID: 1978564 | |
| City State Zip Code New York NY 10025 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| 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) C. Ms. Vivian S. Crabtree | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2661 Tallant Rd Apt MN724 | | Transaction ID: 1984148 | |
| City State Zip Code Santa Barbara CA 93105 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 664 / 1289 |
| | (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) A. Ms. Diane Creel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 2530 Highland Ave | | Transaction ID: 1988108 |
| City State Zip Code Rochester NY 14610 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | 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. Ms. Janet Creelman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 785 Stanford Avenue | | Transaction ID: 1978758 |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Anne Crichton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 1367 | | Transaction ID: 1979475 |
| City State Zip Code Washington Grv MD 20880 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 900.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 665 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms. Jane E. Crosby | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 18 Piney Point Place | | Transaction ID: 1986941 |
| City State Zip Code Sicklerville NJ 08081 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pines of Carolina G.S.C. | Occupation C.E.O. | |
| 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. Ms. Pamela L. Crutchfield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 161 East Chicago Avenue Apt. 60N1 | | Transaction ID: 1987180 |
| City State Zip Code Chicago IL 60611 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Doris Curtis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 31292 Firestone St | | Transaction ID: 1977256 |
| City State Zip Code Temecula CA 92591 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 666 / 1289 |
| | (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) A. Dr. Beverly A. Dale | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 245 Del Monte Avenue | | Transaction ID: 1986809 | |
| City State Zip Code Los Altos CA 94022 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation consultant Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Ruth Damsker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 7840 Cedar Lane | | Transaction ID: 1976800 | |
| City State Zip Code Elkins Park PA 19027 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Montgomery County, PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation County Commissioner Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Joan L. Danforth | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1896 Pacific Avenue, Apt. 704 | | Transaction ID: 1985316 | |
| City State Zip Code San Francisco CA 94109 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 667 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Jean Marie Daniels | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 2625 East Southern Avenue C-202 | | Transaction ID: 1979556 |
| City State Zip Code Tempe AZ 85282 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Jean Marie Daniels | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2625 East Southern Avenue C-202 | | Transaction ID: 1989469 |
| City State Zip Code Tempe AZ 85282 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Cynthia Daniels | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 9850 E. Grand Avenue | | Transaction ID: 1990567 |
| City State Zip Code Greenwood Village CO 80111 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 668 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Katherine Darras | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 122 E 82nd St Apt 5A | | Transaction ID: 1984660 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 296.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ISDA | Occupation Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 296.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Anne R. Davenport | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 6211 E Azalea Avenue B | | Transaction ID: 1976383 | |
| City State Zip Code Panama City FL 32408 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Coastal System Station-. | Occupation Physicist | | |
| 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) C. Mrs. Sheila K. Davidson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 2150 Mission Ridge Road | | Transaction ID: 1986597 | |
| City State Zip Code Santa Barbara CA 93103 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1546.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 669 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Ann L. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 122 Rader Road | | Transaction ID: 1989084 | |
| City Lewisburg | State WV | Zip Code 24901 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|----------|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Doralene Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 325 Gates Street | | Transaction ID: 1975786 | |
| City Philadelphia | State PA | Zip Code 19128 | Amount of Each Receipt this Period 350.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 350.00 | |

| | | | |
|---|----------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Shari L. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 348 14th Street | | Transaction ID: 1977042 | |
| City Santa Monica | State CA | Zip Code 90402 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer not employed | | Occupation community activist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 670 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Henrietta Davis

Mailing Address 3804 Greenbrier Lane

City State Zip Code
Mercer Island WA 98040

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2006

Transaction ID: 1979545

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. William E. Davis

Mailing Address 521 - 37th Street

City State Zip Code
West Palm Beach FL 33407

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

Name of Employer Occupation
DJm Aviation Professional Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: 1985976

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Julia W. Dayton

Mailing Address 1719 West Franklin Avenue

City State Zip Code
Minneapolis MN 55405

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 1989907

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 671 / 1289 |
| | (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. Ms. Julia W. Dayton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 1719 West Franklin Avenue | | Transaction ID: 1988248 |
| City State Zip Code Minneapolis MN 55405 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Kay Deaux | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 20 East 9th Street, #20E | | Transaction ID: 1978542 |
| City State Zip Code New York NY 10003 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Professor Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dr. Kay Deaux | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 20 East 9th Street, #20E | | Transaction ID: 1983986 |
| City State Zip Code New York NY 10003 | Amount of Each Receipt this Period 1250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Professor Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 672 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Aurora M DeGasperi | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 701 Camilo Avenue | | Transaction ID: 1990946 | |
| City State Zip Code Coral Gables FL 33134 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation lawyer Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. M. Quinn Delaney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 469 Ninth Street , #210 | | Transaction ID: 1988206 | |
| City State Zip Code Oakland CA 94607 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Akonadi Foundation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation foundation director Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Susan O. DeLaurentis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 354 Euclid Street | | Transaction ID: 1981274 | |
| City State Zip Code Santa Monica CA 90402 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer not employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation activist Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 673 / 1289 |
| | (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. Dr. Jody Deming | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1100 NW Elford Drive | | Transaction ID: 1979581 | |
| City State Zip Code Seattle WA 98177 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation University of WA Professor | | | |
| 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. Ms. Beverly B. Denbo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 5205 Falmouth Road | | Transaction ID: 1989952 | |
| City State Zip Code Bethesda MD 20816 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Civic Activist | | | |
| 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) C. Patricia Dent | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 1101 Wyndon Avenue | | Transaction ID: 1977610 | |
| City State Zip Code Bryn Mawr PA 19010 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Smithkline R & D Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 674 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Timothy W. Devitt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 111 Old Lancaster Road | | Transaction ID: 1979120 | |
| City State Zip Code Sudbury MA 01776 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Environmental Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) S. Dickey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 27 Jenkins Road | | Transaction ID: 1989113 | |
| City State Zip Code Lebanon NH 03766 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Anne C. Diller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 5 Estabueno Drive | | Transaction ID: 1984259 | |
| City State Zip Code Orinda CA 94563 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 675 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Gabrielle Disario | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 206 3rd Street | | Transaction ID: 1978815 |
| City State Zip Code Sausalito CA 94965 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Helen S. Doctorow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 333 E. 57th Street, # 11B | | Transaction ID: 1977260 |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Dagmar Dolby | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 3340 Jackson Street | | Transaction ID: 1989453 |
| City State Zip Code San Francisco CA 94118 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 676 / 1289 |
| | (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. Ms. Eileen Chamberlain Donahoe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 10 Palmer Lane | | Transaction ID: 1990687 | |
| City State Zip Code Portola Valley CA 94028 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Caroline Donovan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 18 Hillside Avenue | | Transaction ID: 1975456 | |
| City State Zip Code Goldens Bridge NY 10526 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Winifred J. Dooley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 4420 N. Clybourn Avenue | | Transaction ID: 1979015 | |
| City State Zip Code Burbank CA 91505 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 1000.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 677 / 1289
(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)
Ms. Anne T. Dowling

Mailing Address 299 West 12th Street, # 4J

City State Zip Code
New York NY 10014

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

Name of Employer Occupation
Self employed Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990385

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Andrea Drake

Mailing Address 5025 Maui Circle

City State Zip Code
Orlando FL 32808

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988418

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Diane B. Drayson

Mailing Address 3750 Tremont Lane

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Occupation
Self Psychotherapist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988910

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 678 / 1289 |
| | <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. Ms. Laura Drey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 1419 Dollar Avenue | | Transaction ID: 1977100 | |
| City State Zip Code Durham NC 27701 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF | Occupation PHOTOGRAPHER | | |
| 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. Ms. Jean R. Droste | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 670 Ridgewood Drive | | Transaction ID: 1984091 | |
| City State Zip Code Circleville OH 43113 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer City of Circleville, Ohio | Occupation Director of Public Safety | | |
| 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) C. Ms. Sara Drower | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 127 Laurel Avenue | | Transaction ID: 1975471 | |
| City State Zip Code Wilmette IL 60091 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 679 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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) A. Dr. Wendy L. Duignan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1945 West River Road | | Transaction ID: 1976152 | |
| City State Zip Code Grand Island NY 14072 | Amount of Each Receipt this Period 296.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Niagara Univeristy | Occupation University Faculty | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 296.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kristin Dukay | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 324 30th Ave S | | Transaction ID: 1976767 | |
| City State Zip Code Seattle WA 98144 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Microsoft Corp. | Occupation Editor | | |
| 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) C. Ms. Sandra Kay Dunn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3001 Marlynn Street | | Transaction ID: 1984438 | |
| City State Zip Code Carmichael CA 95608 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer DeCuir & Somach | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1046.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 680 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Carol A Durham | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 5719 Bell Tower Lane | | Transaction ID: 1990325 | |
| City State Zip Code Fort Wayne IN 46815 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Jenny Durkan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 3757 South Ridgeway Place | | Transaction ID: 1979670 | |
| City State Zip Code Seattle WA 98144 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Schroeter, Goldmark & Bender Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Marilyn Sue Dye | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 30 W. 63rd Street, Apt 4M | | Transaction ID: 1981070 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 681 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms. Nancy Earle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 4842 Riverside Drive | | Transaction ID: 1979063 |
| City State Zip Code Galesville MD 20765 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Delaine A. Eastin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 4228 Dogwood Place | | Transaction ID: 1977041 |
| City State Zip Code Davis CA 95616 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Professor | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Susan L. Ebbs | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 154 Central Parkway | | Transaction ID: 1986121 |
| City State Zip Code Mount Vernon NY 10552 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation University Administration | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 682 / 1289 |
| | <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. Ms. Randi D. Eckstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 850 Minnesota Avenue #110 | | Transaction ID: 1977327 | |
| City State Zip Code San Jose CA 95125 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self Occupation Programmer | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Carole Edelstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 12305 4th Helena Drive | | Transaction ID: 1980190 | |
| City State Zip Code Los Angeles CA 90049 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation M.D. | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Diane Edge | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1062 Myrtle Way | | Transaction ID: 1989945 | |
| City State Zip Code San Diego CA 92103 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Dentist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 683 / 1289 |
| | (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. Ms. Christine D. Edlund | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1111 NW 25th Ave Apt 4 | | Transaction ID: 1984298 |
| City State Zip Code Portland OR 97210 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Edlund Research | Occupation Research Analyst | |
| 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. Dr. Susan J. Eggers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 6 |
| Mailing Address 8825 Paisley Place NE | | Transaction ID: 1976974 |
| City State Zip Code Seattle WA 98115 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Washington | Occupation Professor | |
| 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) C. Mrs. Paula C. Ehrlich | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 1000 Venetian Way # 1702 | | Transaction ID: 1980062 |
| City State Zip Code Miami FL 33139 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer A Privileged Lifestyle, Inc. | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 684 / 1289 |
| | (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. Ms. Julie Eichenberger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 293 Sea Cliff Avenue Apt. 7 | | Transaction ID: 1988096 | |
| City State Zip Code Sea Cliff NY 11579 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Maxine Eichner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 100 Michaels Way | | Transaction ID: 1975949 | |
| City State Zip Code Chapel Hill NC 27516 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Patterson, Harkany, & Law- re Attorney | 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) C. Ms. Elizabeth H. Eisen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 875 West End Avenue, Apt. 14B | | Transaction ID: 1989585 | |
| City State Zip Code New York NY 10025 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Chase Manhattan Bank Exec. | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 685 / 1289 |
| | <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. Mrs. Carole S. Eisner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 1107 Fifth Avenue, # 8S | | Transaction ID: 1989614 | |
| City State Zip Code New York NY 10128 | Amount of Each Receipt this Period 1500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation artist | Aggregate Year-to-Date ▼ 1500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Debra Ekman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 11401 South Glen Road | | Transaction ID: 1975632 | |
| City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Marjorie L. Elder | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 | |
| Mailing Address 1181 Cork Road | | Transaction ID: 1984007 | |
| City State Zip Code Victor NY 14564 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 686 / 1289 |
| | (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) A. Ms. Priscilla B. Eldridge-Baker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 4161 Arcadia Way | | Transaction ID: 1986118 | |
| City State Zip Code Oceanside CA 92056 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 1000.00 | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Judith Laikin Elkin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 3 Southwick Court | | Transaction ID: 1989587 | |
| City State Zip Code Ann Arbor MI 48105 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 250.00 | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Historian | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Connie Ellerbach | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 880 Sea Island Ln. | | Transaction ID: 1975462 | |
| City State Zip Code Foster City CA 94404 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 500.00 | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 687 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Lee S. Elliott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 16628 Maverick Court | | Transaction ID: 1990943 | |
| City State Zip Code Poway CA 92064 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Matrice Ellis-Kirk | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 6342 Mercedes Avenue | | Transaction ID: 1985529 | |
| City State Zip Code Dallas TX 75214 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Consultant | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Patricia S. Elvebak | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 650 Oakdale Avenue | | Transaction ID: 1986416 | |
| City State Zip Code Corte Madera CA 94925 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 688 / 1289 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Dr. Sharon H. Emek | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address One River Place Apt. 3201 | | Transaction ID: 1978691 |
| City State Zip Code New York NY 10036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Cntry Brokerage Svcs Coverage Grp | Occupation Insurance Agent | |
| 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. Ms. Barbara Engel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 5413 S. Blackstone Avenue | | Transaction ID: 1976110 |
| City State Zip Code Chicago IL 60615 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Consultant | |
| 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) C. Mr. Peter Engel, M.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 7258 Algonquin Drive | | Transaction ID: 1984451 |
| City State Zip Code Cincinnati OH 45243 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 689 / 1289 |
| | <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. Ms. Joan J. Englander | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 609 Elm Avenue | | Transaction ID: 1979016 | |
| City State Zip Code Swarthmore PA 19081 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Bennett N. Epstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 509 Hanover Road, North Hills | | Transaction ID: 1988200 | |
| City State Zip Code Wilmington DE 19809 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Margaret M. Ernst | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 2909 Garfield Terrace, NW | | Transaction ID: 1980301 | |
| City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ForMyCause.com Occupation Bus. Dev./Internet Services | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 690 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Liliانا M. Esposito

Mailing Address 301 West 57th Street, # 17A

City State Zip Code
New York NY 10019

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

Name of Employer Mercury Public Affairs Occupation Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1986832

Amount of Each Receipt this Period
250.00

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

Mailing Address 213 Preston Terrace

City State Zip Code
Cheshire CT 06410

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

Name of Employer 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
0 1 / 0 9 / 2 0 0 6

Transaction ID: 1976214

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Evelyn O. Evans

Mailing Address PO Box 99

City State Zip Code
Pebble Beach CA 93953

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

Name of Employer 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
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990543

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 691 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. Full Name (Last, First, Middle Initial) Mr. William H. Ewing | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 510 E Mt Pleasant Avenue | | Transaction ID: 1989674 |
| City Philadelphia State PA Zip Code 19119 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Eckert Seamans Cherin & Mellott | Occupation Lawyer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Mary Ann Fahl | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 3321 Quincy Avenue | | Transaction ID: 1976849 |
| City Madison State WI Zip Code 53704 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Katherine G. Farley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 520 Madison Avenue 6th Floor | | Transaction ID: 1986304 |
| City New York City State NY Zip Code 10022 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Tishman Speyer | Occupation Realtor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 692 / 1289 |
| | <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. Ms. Sarah D.K. Faulkner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 108 Sumach Street | | Transaction ID: 1980296 |
| City State Zip Code Lookout Mtn TN 37350 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | | |
| 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. Ms. Ruth K. Felmus | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1730 Clearview Drive | | Transaction ID: 1986701 |
| City State Zip Code Beverly Hills CA 90210 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Ms. Linda Fentiman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 503 W. 120th Street | | Transaction ID: 1986587 |
| City State Zip Code New York NY 10027 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Suffolk Univ., Boston MA Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 693 / 1289 |
| | <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. Ms. Joan Fenton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address P.O. Box 4226 | | Transaction ID: 1979115 | |
| City Charlottesville | State VA | Zip Code 22905 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Quilts Unlimited | Occupation CEO | | |
| 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. Ms. Marianne A. Ferber | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 101 W Windsor Rd # 4105 | | Transaction ID: 1987441 | |
| City Urbana | State IL | Zip Code 61802 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Mrs. Susan W. Filbert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 114 Taplow Rad | | Transaction ID: 1986717 | |
| City Baltimore | State MD | Zip Code 21212 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Baltimore County Public Schools | Occupation Speech Pathologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 694 / 1289 |
| | <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. Ms. Sarah T. Fischell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 71 Riverlawn Drive | | Transaction ID: 1981028 |
| City State Zip Code Fair Haven NJ 07704 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer AT&T | Occupation Requested | |
| 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. Mrs. Julia E. Fishelson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 1630 Burbank Rd. | | Transaction ID: 1979114 |
| City State Zip Code Wooster OH 44691 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Activist | |
| 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) C. Ms. Laurie Fitzgerald | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 4701 E. Winged Foot Drive | | Transaction ID: 1980467 |
| City State Zip Code Tucson AZ 85718 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 695 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Laura Fitzsimmons | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 217 Rosemary Lane | | Transaction ID: 1979064 |
| City State Zip Code Las Vegas NV 89107 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Lawyer | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Miriam Flamm | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2000 S. Ocean Blvd. Apt. 305N | | Transaction ID: 1980568 |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | 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) C. Dr. Joan M. Flanigan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 256 West 10th Street Apartment 4C | | Transaction ID: 1981030 |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Lutheran Medical Center, NY Occupation Physician | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 696 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mr. James B. Flaws | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 138 West Hill Terrace | | Transaction ID: 1979575 | |
| City State Zip Code Painted Post NY 14870 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Corning Inc. | Occupation Management | | |
| 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. Ms. Carolyn A. Fleming | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 152 Sirona Way | | Transaction ID: 1990352 | |
| City State Zip Code Spring Branch TX 78070 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer San Jacinto Girl Scouts | Occupation Manager/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) C. Ms. Cheryl L. Fleming | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 90653 Waynes Way | | Transaction ID: 1978515 | |
| City State Zip Code Junction City OR 97448 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lane Community College | Occupation College Instructor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 697 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Cheryl L. Fleming | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 90653 Waynes Way | | Transaction ID: 1976054 | |
| City State Zip Code Junction City OR 97448 | Amount of Each Receipt this Period 110.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lane Community College | Occupation College Instructor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. MaryAnne A Flournoy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 6675 Baker Road | | Transaction ID: 1987494 | |
| City State Zip Code Athens OH 45701 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ohio University | Occupation part-time instructor | | |
| 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) C. Mrs. W. Foege | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 660 Hunters Ridge Drive | | Transaction ID: 1988891 | |
| City State Zip Code Saint Louis MO 63135 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Special School District | Occupation Teacher | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 610.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 698 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lorraine M. Force

Mailing Address 6900 Buckingham Boulevard

City State Zip Code
Berkeley CA 94705

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1979869

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Laura D. Ford

Mailing Address 295 Red Tail Trail

City State Zip Code
Evergreen CO 80439

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 ▼
1000.00

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

Transaction ID: 1986602

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Jeanne M. Forneris

Mailing Address 516 Summit Avenue

City State Zip Code
Saint Paul MN 55102

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

Name of Employer Occupation
Medtronic, Inc. Senior Legal Counsel/VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 6

Transaction ID: 1977356

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 699 / 1289
(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)
Ms. Sandy Fortier

Mailing Address 3265 North Maple Road

City State Zip Code
Ann Arbor MI 48105

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 1977694

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Foster

Mailing Address 327 Chisholm Road

City State Zip Code
Antwerp NY 13608

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980047

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Johanna E. Foster

Mailing Address 55 Harrison Ave

City State Zip Code
Montclair NJ 07042

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

Name of Employer 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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1976875

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 700 / 1289 |
| | (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. Ms. Deborah Franczek | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 5555 S. Everett | | Transaction ID: 1981273 | |
| City State Zip Code Chicago IL 60637 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Chicago | Occupation Dir. Alumni Relations | | |
| 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. Ms. Claire S. Frankel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 2139 Wyoming Ave NW Apt 21 | | Transaction ID: 1989979 | |
| City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Writer | | |
| 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) C. Ms. Anne W.K. Frankel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 323 Koser Avenue | | Transaction ID: 1975426 | |
| City State Zip Code Iowa City IA 52246 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Iowa | Occupation Academic Advisor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 701 / 1289 |
| | <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 | |

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. Ms. Shirley R. Freedland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 3737 Atlantic Ave # 612 | | Transaction ID: 1975653 | |
| City State Zip Code Long Beach CA 90807 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Sheril Freedman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 226 23rd Street | | Transaction ID: 1987954 | |
| City State Zip Code Santa Monica CA 90402 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Ruby Freeman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 239 Woodstock Drive | | Transaction ID: 1976963 | |
| City State Zip Code Stockton CA 95207 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 282.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 702 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Ruby Freeman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 239 Woodstock Drive | | Transaction ID: 1983119 |
| City State Zip Code Stockton CA 95207 | Amount of Each Receipt this Period 32.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 282.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Lucile C. Freeman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 4708 Dorset Avenue | | Transaction ID: 1989955 |
| City State Zip Code Chevy Chase MD 20815 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired Librarian | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Ellen C. Freidin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3182 Monroe Drive | | Transaction ID: 1983976 |
| City State Zip Code Coconut Grove FL 33133 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Akerman Senterfitt & Edison Lawyer | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1282.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 703 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Sue Frey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 4174 Elizabeth Lane | | Transaction ID: 1980316 |
| City State Zip Code Annandale VA 22003 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Mrs. Dana Freyer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 25 Autenrieth Road | | Transaction ID: 1978401 |
| City State Zip Code Scarsdale NY 10583 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Skadden, Arps, Slate, & Flom LLP Attorney | | |
| 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) C. Ms. Barbara Fried | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 743 Cooksey Ln | | Transaction ID: 1978446 |
| City State Zip Code Stanford CA 94305 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Stanford Univ. Prof | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1289
(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)
Ms. Eleanor F Friedman

Mailing Address 18 Baker Bridge Road

City Lincoln State MA Zip Code 01773

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 1979666

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Joyce Friedman

Mailing Address 221 Mt Auburn St #304

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. C

Name of Employer 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
0 1 / 2 1 / 2 0 0 6

Transaction ID: 1986728

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Frank L Friedman

Mailing Address 7625 Woodlawn Ave

City Melrose Park State PA Zip Code 19027

FEC ID number of contributing federal political committee. C

Name of Employer Temple 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985041

Amount of Each Receipt this Period
100.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 705 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Dr. Frank L Friedman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 7625 Woodlawn Ave | | Transaction ID: 1990896 | |
| City State Zip Code Melrose Park PA 19027 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Temple University | Occupation Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Chandra L. Friese | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1 Maritime Plaza 18th floor | | Transaction ID: 1976956 | |
| City State Zip Code San Francisco CA 94111 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation real estate broker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. James W. Fristrom | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1555 Lakeside Dr. #171 | | Transaction ID: 1985222 | |
| City State Zip Code Oakland CA 94612 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 706 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. Kyle I. Fuchs | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1620 NW Walmer Drive | | Transaction ID: 1979093 | |
| City Portland | State OR | Amount of Each Receipt this Period 250.00 | |
| Zip Code 97229 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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. Mrs. Alison C. Fuller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 304 N. San Pedro Court | | Transaction ID: 1986131 | |
| City San Rafael | State CA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 94903 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Nancy Fuller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6560 Itchy Acres Road | | Transaction ID: 1979546 | |
| City Granite Bay | State CA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 95746 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of California | Occupation State Park Ranger | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 707 / 1289 |
| | (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. Mr. Donald F. Fuller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 965 Hilmar Street | | Transaction ID: 1990250 | |
| City State Zip Code Santa Clara CA 95050 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Gail Furman, Ph.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 151 E 83rd Street Apartment I-A | | Transaction ID: 1989677 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Psychologist Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Gail Furman, Ph.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 151 E 83rd Street Apartment I-A | | Transaction ID: 1990974 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Psychologist Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1289
(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)
Ms. Dot Furness

Mailing Address 120 Borden Road

City State Zip Code
Middletown NJ 07748

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1979953

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Abby Fyer

Mailing Address 50 East 89th Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Columbia University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 1989452

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Kathleen A. Gaffney

Mailing Address 590 Concord Ave

City State Zip Code
Williston Park NY 11596

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

Name of Employer Occupation
Columbia University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 1980173

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 709 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. James Gallagher | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 27 Whalen Court | | Transaction ID: 1985001 | |
| City State Zip Code West Orange NJ 07052 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Consultant | | | |
| 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. Mr. David G. Gamble, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address Box 399 | | Transaction ID: 1989902 | |
| City State Zip Code Inverness CA 94937 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Jan E. Gardner | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 3 Ponderosa Lane | | Transaction ID: 1987477 | |
| City State Zip Code Rolling Hills Est. CA 90274 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 710 / 1289
(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)
Ms. Kathryn A. Gardow

Mailing Address 5063 Harold Place NE

City State Zip Code
Seattle WA 98105

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

Name of Employer Occupation
KGA, LLC owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1984269

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Mary Garland

Mailing Address PO Box 428

City State Zip Code
Hancock NH 03449

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

Name of Employer Occupation
Self Designer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1978523

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ruth O. Garretson

Mailing Address 621 Kerns Mountain Lane

City State Zip Code
New Market VA 22844

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

Name of Employer Occupation
Homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1976697

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 711 / 1289
(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)
Ms. Alison L. Gavin

Mailing Address 566 Ash Street

City State Zip Code
Winnetka IL 60093

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

Name of Employer 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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1986276

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Evelyn Geddes

Mailing Address 900 Hollinshead Spring Rd
Apt F108

City State Zip Code
Skillman NJ 08558

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

Name of Employer 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990314

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Geller

Mailing Address 212 S.Stanley Drive

City State Zip Code
Beverly Hills CA 90211

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

Name of Employer Occupation
CPLM Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1977933

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 712 / 1289 |
| | <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. Ms. Joan Gelman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 2 West 67th Street, # 6D | | Transaction ID: 1988915 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation television producer | 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. Ms. Nancy C. Gennet | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1250 Partrick Rd | | Transaction ID: 1980300 | |
| City State Zip Code Napa CA 94558 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Family Institute of NJ Occupation Family therapist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Janice R. Gerard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 12021 Wilshire Blvd. # 537 | | Transaction ID: 1983983 | |
| City State Zip Code Los Angeles CA 90025 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Psychologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 713 / 1289 |
| | <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. Ms. Marianne Z. Gerhart | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 2395 Oak Street | | Transaction ID: 1979918 | |
| City State Zip Code Berkeley CA 94708 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Dora Gianoulakis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 44 Clearview Park | | Transaction ID: 1977741 | |
| City State Zip Code Saint Louis MO 63138 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Mary E. Giddens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address PO Box 328 | | Transaction ID: 1978189 | |
| City State Zip Code LaBelle FL 33975 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Cattle Rancher Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 714 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Susan Gidwitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 5803 Russell Road | | Transaction ID: 1979396 |
| City State Zip Code Durham NC 27712 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UNC | Occupation Researcher | |
| 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. Hon. Kay A. Giese | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 157 Gibbons Place | | Transaction ID: 1984001 |
| City State Zip Code Athens GA 30605 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Athens-Clarke County, Georgia | Occupation Municipal Court Judge | |
| 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) C. Hon. Gabrielle Giffords | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address P. O. Box 26937 | | Transaction ID: 1981264 |
| City State Zip Code Tucson AZ 85726 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Business Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 715 / 1289 |
| | (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) A. Ms. Judy Ginn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 7815 85th PI SE | | Transaction ID: 1975999 | |
| City Mercer Island | State WA | Zip Code 98040 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Seattle Public Schls | Occupation Teacher | | |
| 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. Mr. Joel Ginzberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address PO Box 873 | | Transaction ID: 1979118 | |
| City Stone Ridge | State NY | Zip Code 12484 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self, semi-retired | Occupation Psychologist | | |
| 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) C. Dr. Ilene K Gipson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 128 Heath Bridge Road | | Transaction ID: 1984399 | |
| City Concord | State MA | Zip Code 01742 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Schepens Eye Research Ins- titute | Occupation Scientist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 716 / 1289
(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)
Mr. Scott Glendinning

Mailing Address 4290 Rockaway Beach Rd NE

City State Zip Code
Bainbridge Is WA 98110

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1987440

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. C. Globiana

Mailing Address 24 Woodland Street

City State Zip Code
Arlington MA 02476

FEC ID number of contributing federal political committee. C

Name of Employer Fitchburg State College Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1979390

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy Gluck

Mailing Address 150 East 69th Street, Apt. 16A

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Salomon Smith Barney Occupation Registered Rep.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1986989

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 717 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Dolores Gluck | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 5622 Aylesboro Avenue | | Transaction ID: 1979508 | |
| City State Zip Code Pittsburgh PA 15217 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Craft Gallery Owner | | | |
| 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. Ms. Rosalaie Y. Goldberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 110 East End Avenue | | Transaction ID: 1987360 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Lynda Goldberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 111 Burnwood Court | | Transaction ID: 1976463 | |
| City State Zip Code Chapel Hill NC 27514 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 718 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Judy S. Goldenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 4949 Joewood Drive | | Transaction ID: 1987443 | |
| City State Zip Code Sanibel FL 33957 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Susan Golden-Meadow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 5621 South Kenwood Avenue | | Transaction ID: 1976030 | |
| City State Zip Code Chicago IL 60637 | Amount of Each Receipt this Period 296.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Univ. Of Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Prof. Aggregate Year-to-Date ▼ 296.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Jane B. Goldman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 139 East 94th Street | | Transaction ID: 1987489 | |
| City State Zip Code New York NY 10128 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Nightingale Bamford School Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation substitute teacher Aggregate Year-to-Date ▼ 500.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1796.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 719 / 1289 |
| | (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. Ms. Gail G. Goldsmith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address P.O. Box 525 | | Transaction ID: 1985857 | |
| City New York | State NY | Zip Code 10003 | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Susan W. Goldstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1349 Carlotta Avenue | | Transaction ID: 1979542 | |
| City Berkeley | State CA | Zip Code 94703 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer San Francisco Public Lib- ary | Occupation Archivist | | |
| 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) C. Ms. Marcia C. Goldstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 220 Central Park S. | | Transaction ID: 1990906 | |
| City New York | State NY | Zip Code 10019 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ellenbogen & Goldstein | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 720 / 1289 |
| | <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. Dr. Antoinette S. Gomes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 4903 Saint Louis Court | | Transaction ID: 1979314 | |
| City State Zip Code Culver City CA 90230 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Univ. of California | Occupation Physician | | |
| 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. Ms. Nancy Goodman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6 Evergreen Lane | | Transaction ID: 1976850 | |
| City State Zip Code Larchmont NY 10538 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Nancy Goodman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 6 Evergreen Lane | | Transaction ID: 1989758 | |
| City State Zip Code Larchmont NY 10538 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 721 / 1289 |
| | (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. Mrs. Evelyn Goodman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 6245 S.W. 117th Terrace | | Transaction ID: 1983987 | |
| City State Zip Code Miami FL 33156 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 5000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Richard H. Goodwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address PO Box 2040 | | Transaction ID: 1985253 | |
| City State Zip Code Salem CT 06420 | Amount of Each Receipt this Period 1500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Judith E. Gordon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 44 Crestline Road | | Transaction ID: 1980161 | |
| City State Zip Code Rochester NY 14618 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 722 / 1289
(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)
Ms. Karen M. Grabow

Mailing Address 2743 Dean Pkwy

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985895

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lorraine Grace

Mailing Address 6 Playa Verde

City State Zip Code
Tiburon CA 94920

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

Name of Employer Occupation
Self Teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1978106

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Marci Gray

Mailing Address 32 Manthorne Road

City State Zip Code
West Roxbury MA 02132

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

Name of Employer Occupation
Platinum Equity Operations Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 6

Transaction ID: 1984209

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 723 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Wanda Grayson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 9840 North Heather Drive | | Transaction ID: 1995358 | |
| City State Zip Code Fresno CA 93720 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Karin Greenfield-Sanders | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 135 East Second Street | | Transaction ID: 1987216 | |
| City State Zip Code New York NY 10009 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Phyllis Greenman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 16915 River Birch Circle | | Transaction ID: 1976631 | |
| City State Zip Code Delray Beach FL 33445 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 724 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Evelyn Langlieb Greer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 2400 S. Dixie Hwy. | | Transaction ID: 1991681 | |
| City State Zip Code Miami FL 33133 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Evelyn Langlieb Greer, P.-A. | Occupation Attorney | | |
| 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. Dr. Sammie C. Greer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 583 Aberfelda Drive | | Transaction ID: 1979184 | |
| City State Zip Code Springfield OH 45504 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wittenburg University | 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) C. Dr. Joan L. Griscom | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1010 Waltham Street, # 448 | | Transaction ID: 1989960 | |
| City State Zip Code Lexington MA 02421 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 725 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Pam Grissom | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 7230 Star Fury Place | | Transaction ID: 1983966 | |
| City State Zip Code Tucson AZ 85718 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Diana Grodzins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 4950 S. Chicago Beach Drive | | Transaction ID: 1986117 | |
| City State Zip Code Chicago IL 60615 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Amy S. Gross | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 1017 N. Phelps Avenue | | Transaction ID: 1984273 | |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TMI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 726 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Amy S. Gross | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1017 N. Phelps Avenue | | Transaction ID: 1991867 | |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TMI | Occupation Attorney | | |
| 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. Ms. Marcia Gross | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 601 El Patio Dr | | Transaction ID: 1980730 | |
| City State Zip Code Campbell CA 95008 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Barbara J. Grosz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 264 Mason Terrace | | Transaction ID: 1978597 | |
| City State Zip Code Brookline MA 02446 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Harvard | | Occupation Prof. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 727 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Linda Wyatt Gruber

Mailing Address 10 Lagunitas Road, Box 214

City State Zip Code
Ross CA 94957

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

Name of Employer n/a Occupation fdn president

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1986984

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ms. Marie Guerin

Mailing Address 116 Foxwood Cir

City State Zip Code
Mount Kisco NY 10549

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

Name of Employer IBM Corporation Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984419

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Emanuel Hackel

Mailing Address 244 Oakland Drive

City State Zip Code
East Lansing MI 48823

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

Name of Employer 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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985541

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 728 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Janet Susan Hadley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 1730 Bonaire Way | | Transaction ID: 1990939 | |
| City State Zip Code Newport Beach CA 92660 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Homemaker | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Marlene E. Haffner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 11616 Danville Drive | | Transaction ID: 1986074 | |
| City State Zip Code Rockville MD 20852 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer FDA Occupation MD | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Donna P. Hall | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1018 Fulton Street | | Transaction ID: 1985209 | |
| City State Zip Code Palo Alto CA 94301 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Consultant | Aggregate Year-to-Date ▼ 2500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 729 / 1289
(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. Full Name (Last, First, Middle Initial)
Ms. Vicki Halper

Mailing Address 606 17th Avenue E.

City State Zip Code
Seattle WA 98112

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Curator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1971806

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marcia Halperin

Mailing Address 67 Garfield St

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 4 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1977653

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan U. Halpern

Mailing Address 580 Park Avenue

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1977389

Amount of Each Receipt this Period
1000.00

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 730 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. Lee Halprin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 104 Irving Street | | Transaction ID: 1989914 |
| City State Zip Code Cambridge MA 02138 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Self Writer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Lee Halprin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 104 Irving Street | | Transaction ID: 1988253 |
| City State Zip Code Cambridge MA 02138 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Self Writer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Mary S. Hamilton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 6 Granite Drive | | Transaction ID: 1975453 |
| City State Zip Code Cedar Grove NJ 07009 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 731 / 1289 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. William D. Hammack | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 7340 SW 27th, # 3008 | | Transaction ID: 1977062 | |
| City State Zip Code Davie FL 33314 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Nova Southeastern University | Occupation Professor | | |
| 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. Mr. Kenneth G. Hance | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 2457 Tunlaw Road NW | | Transaction ID: 1977913 | |
| City State Zip Code Washington DC 20007 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Nixon Peabody LLP | Occupation Attorney | | |
| 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) C. Ms. Sarah Hancock | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 99 Clark St | | Transaction ID: 1985211 | |
| City State Zip Code Belmont MA 02478 | Amount of Each Receipt this Period 1000.00 | | |
| 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 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 732 / 1289
(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)
Ms. Marion J. Hanks-Bell

Mailing Address 2214 North Wayne Avenue

City State Zip Code
Chicago IL 60614

FEC ID number of contributing federal political committee. C

Name of Employer Northwestern Memorial Hospital Occupation Nurse Practitioner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 1985576

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Fredericka T. Hansen

Mailing Address 14 Greens Lane

City State Zip Code
Pleasanton CA 94566

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Homemaker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 1985313

Amount of Each Receipt this Period
102.00

C. Full Name (Last, First, Middle Initial)
Ms. Fredericka T. Hansen

Mailing Address 14 Greens Lane

City State Zip Code
Pleasanton CA 94566

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Homemaker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
01 / 30 / 2006

Transaction ID: 1990251

Amount of Each Receipt this Period
102.00

SUBTOTAL of Receipts This Page (optional) 454.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 733 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Margaret S. Hansson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 2220 Norwood Ave | | Transaction ID: 1990659 |
| City State Zip Code Boulder CO 80304 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation EARTH Technologies, Inc. CEO - Chair | | |
| 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. Ms. Melinda G. Hardin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 7 Wharf Street | | Transaction ID: 1989984 |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | | |
| 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) C. Mrs. George Ann Harding | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 24610 | | Transaction ID: 1986684 |
| City State Zip Code Denver CO 80224 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 734 / 1289 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Frances Harmon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 3714 Inwood | | Transaction ID: 1980172 | |
| City State Zip Code Houston TX 77019 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Sara D. Harris | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1401 N. Creek Road | | Transaction ID: 1987486 | |
| City State Zip Code Chadds Ford PA 19317 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Clarke, Nicolini & Assoc. CPA Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Joan W. Harris | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 191 N. Wacker Drive, # 1500 | | Transaction ID: 1989599 | |
| City State Zip Code Chicago IL 60606 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Irving Harris Foundation foundation grantor Aggregate Year-to-Date ▼ 5000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 735 / 1289
(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)
Dr. Linda R. Harris

Mailing Address 743 North Phoenix Road

City State Zip Code
Medford OR 97504

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

Name of Employer Occupation
Ob-Gyn Health Ctr. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984953

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lois Cowles Harrison

Mailing Address 2311 Nevada Road

City State Zip Code
Lakeland FL 33803

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984261

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy G. Harter

Mailing Address 201 South Glenwood Avenue

City State Zip Code
Columbia MO 65203

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

Name of Employer Occupation
Self Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988969

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 736 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Nancy G. Harter | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 201 South Glenwood Avenue | | Transaction ID: 1996721 |
| City State Zip Code Columbia MO 65203 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Consultant | | |
| 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. Mrs. Eugenie C. Havemeyer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 10 Gracie Square | | Transaction ID: 1990539 |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Exploring the Metropolis, Inc. Occupation Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Lillian Hayes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 190 South 300 East | | Transaction ID: 1984976 |
| City State Zip Code Provo UT 84606 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5650.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 737 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Dr. David Hayes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 740 Ocean Avenue | | Transaction ID: 1988001 | |
| City State Zip Code New London CT 06320 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of 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. Full Name (Last, First, Middle Initial) Ms. Ann Hayes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 8524 Valmont Rd | | Transaction ID: 1980361 | |
| City State Zip Code Boulder CO 80301 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Author | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Thomas W. Head | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 4469 Admiralty Way Slip 2123 | | Transaction ID: 1988215 | |
| City State Zip Code Marina Del Rey CA 90292 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 738 / 1289 |
| | (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. Ms. Georgia A. Heid | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address PO Box 688 | | Transaction ID: 1980049 | |
| City State Zip Code Stinson Beach CA 94970 | | Amount of Each Receipt this Period 1000.00 | |
| 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 ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. George E. Heidorn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 27750 94th Avenue SW | | Transaction ID: 1979110 | |
| City State Zip Code Vashon Island WA 98070 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Microsoft Corporation Occupation Senior Researcher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Marilyn Heins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6530 N. Longfellow | | Transaction ID: 1979527 | |
| City State Zip Code Tucson AZ 85718 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 739 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Ms. Anne M. Heinz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 525 Judson Ave | | Transaction ID: 1977688 | |
| City State Zip Code Evanston IL 60202 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Chicago Hospitals | | Occupation Academic Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Dorothy F. Hemenway | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 298 Kendal Drive | | Transaction ID: 1985768 | |
| City State Zip Code Kennet Square PA 19348 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Louise Hendrickson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1382 Newtown Langhorne Rd. #J103 | | Transaction ID: 1980140 | |
| City State Zip Code Newtown PA 18940 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 740 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Kathryn M. Henkens

Mailing Address 6 Princeton Road

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Self Occupation Finance Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 1980625

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Jane L. Henner

Mailing Address 10 Brown Pelican Road

City State Zip Code
Hilton Head SC 29928

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 1990409

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Debra S. Herrmann

Mailing Address 10301 Strathmore Hall Street Apt. 405

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2006

Transaction ID: 1990957

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 741 / 1289 |
| | (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. Judge Patricia Herron | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 15700 Sonoma Highway | | Transaction ID: 1988913 |
| City State Zip Code Sonoma CA 95476 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Christine Hertzog | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 80 Loyola Avenue | | Transaction ID: 1985678 |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer AnswerThink Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Hillary Hess | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 415 North Norwood Street | | Transaction ID: 1980414 |
| City State Zip Code Arlington VA 22203 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer US Dept. of Commerce Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Export Policy Analyst Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 742 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Mr. Roger Gettys Hill

Mailing Address 1715A Innovation Way

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Hartford | WI | 53027 |

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

| | |
|----------------------------------|-------------------------|
| Name of Employer H.E.D., Inc. | Occupation President |
|----------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1985656

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Sally T. Hillsman

Mailing Address 425 8th Street NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20004 |

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

| | |
|------------------|-------------------------|
| Name of Employer | 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 |
| 0 | 1 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1986871

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Dorothy S. Hines

Mailing Address PO Box 274

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Warren | VT | 05674 |

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 ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1984253

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 743 / 1289 |
| | (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. Ms. Judi I. Hirsch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 530 Salem Street | | Transaction ID: 1987355 | |
| City State Zip Code Wilmington MA 01887 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Compuware | Occupation Sales | | |
| 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. Mr. George A. Hisert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 454 Cragmont Avenue | | Transaction ID: 1978473 | |
| City State Zip Code Berkeley CA 94708 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Brobeck, Phleger & Harris | Occupation Attorney | | |
| 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) C. Ms. Margaret Hixon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 119 Coolidge Road | | Transaction ID: 1987251 | |
| City State Zip Code Concord MA 01742 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 744 / 1289 |
| | (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. Ms. Tami Hoag | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 12400 Wilshite Blvd. Ste. 850 | | Transaction ID: 1979177 | |
| City State Zip Code Los Angeles CA 90025 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Tami Hoag | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 12400 Wilshite Blvd. Ste. 850 | | Transaction ID: 1989895 | |
| City State Zip Code Los Angeles CA 90025 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Dona Hoard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 5412 Proctor Avenue | | Transaction ID: 1989440 | |
| City State Zip Code Aaklaeed CA 94618 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Consultant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 745 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Mary A. Hoberman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 98 Hunting Ridge Road | | Transaction ID: 1985877 |
| City State Zip Code Greenwich CT 06831 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Toby Tesser Hobish | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 79 The Serpentine | | Transaction ID: 1987343 |
| City State Zip Code Roslyn NY 11576 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Psychologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Adeline P. Hofer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 161 East 80th Street | | Transaction ID: 1979823 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Psychoanalyst | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 746 / 1289 |
| | (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. Ms. Jo Hoffman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 1913 NW Quail Trail | | Transaction ID: 1977135 |
| City State Zip Code Lees Summit MO 64081 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Jo Hoffman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1913 NW Quail Trail | | Transaction ID: 1985980 |
| City State Zip Code Lees Summit MO 64081 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Kathleen Holland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 10338 Lindley Ave. #338 | | Transaction ID: 1977568 |
| City State Zip Code Northridge CA 91326 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation L.A. Pierce College College Instructor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 747 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen Holland

Mailing Address 10338 Lindley Ave. #338

City Northridge State CA Zip Code 91326

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

Name of Employer L.A. Pierce College Occupation College Instructor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
01 / 09 / 2006

Transaction ID: 1976357

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn A. Hollub

Mailing Address 232 Summerfield Road

City Northbrook State IL Zip Code 60062

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

Name of Employer Self Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 31 / 2006

Transaction ID: 1990592

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Holmstrom

Mailing Address 2934 N.W. 53rd Drive

City Portland State OR Zip Code 97210

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

Name of Employer Portland & Marylhurst Colleges Occupation Adjunct English Inst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 13 / 2006

Transaction ID: 1980363

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 748 / 1289 |
| | <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. Mr. Charles C. Holt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1452 Wild Basin Lodge | | Transaction ID: 1979018 | |
| City Austin | State TX | Zip Code 78746 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Texas | Occupation Economist | | |
| 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. Dr. Neil A. Holtzman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 2008 South Road | | Transaction ID: 1977445 | |
| City Baltimore | State MD | Zip Code 21209 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Mr. Jon Holtzman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 4850 Tobosa Road | | Transaction ID: 1975458 | |
| City Las Cruces | State NM | Zip Code 88011 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer New Mexico State University | Occupation Associate Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 749 / 1289 |
| | <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. Mrs. Patricia L. Hooper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 501 Portola Road, # 8033 | | Transaction ID: 1989861 | |
| City State Zip Code Portola Valley CA 94028 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Julie Hoover | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 109 Waverly Place | | Transaction ID: 1980821 | |
| City State Zip Code New York NY 10011 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Judith H. Hope | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address Box 2024 | | Transaction ID: 1989448 | |
| City State Zip Code East Hampton NY 11937 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chair Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 750 / 1289 |
| | <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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Roberta Hopkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1811 7th Avenue | | Transaction ID: 1979238 | |
| City Sacramento | State CA | Zip Code 95818 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Dept. Veterans Affairs | Occupation Nurse | | |
| 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. Ms. Jane F. Hopkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 20650 Lomita Avenue | | Transaction ID: 1978707 | |
| City Saratoga | State CA | Zip Code 95070 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Patricia Hoppey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 1101 14th Street NW, Fl. 3 | | Transaction ID: 1990944 | |
| City Washington | State DC | Zip Code 20005 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MSHC Partners, Inc. | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 751 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. John Horigan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 1209 Villa Street | | Transaction ID: 1995822 | |
| City State Zip Code Mountain View CA 94041 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Lilli Hornig | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 229 Medway St Apt 310 | | Transaction ID: 1981023 | |
| City State Zip Code Providence RI 02906 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Jane Horowitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 501 N Clinton St Apt 1005 | | Transaction ID: 1985856 | |
| City State Zip Code Chicago IL 60610 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Kinson Freeman Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 752 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Jane Horowitz

Mailing Address 501 N Clinton St Apt 1005

City State Zip Code
Chicago IL 60610

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

Name of Employer Kinson Freeman Occupation Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989716

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Wayne L. Horvitz

Mailing Address 3131 Connecticut Ave NW Apt 2401

City State Zip Code
Washington DC 20008

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 ▼ 1000.00

Date of Receipt
01 / 10 / 2006

Transaction ID: 1979671

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Hoskins

Mailing Address 5403 Rodgers Avenue

City State Zip Code
Harrisburg PA 17112

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 10 / 2006

Transaction ID: 1979473

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 753 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Elinor Green Hunter | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 4205 Military Road NW | | Transaction ID: 1990395 | |
| City State Zip Code Washington DC 20015 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 500.00 | | |
| Name of Employer Occupation Retired | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Mary Hurtig | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2353 Bryn Mawr Avenue | | Transaction ID: 1985089 | |
| City State Zip Code Philadelphia PA 19131 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 1000.00 | | |
| Name of Employer Occupation Mental Health Assoc. Dir. of Policy | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Carolyn Hutchinson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 23700 Paloma Ct # Villa9 | | Transaction ID: 1989089 | |
| City State Zip Code Cupertino CA 95014 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 250.00 | | |
| Name of Employer Occupation Housewife | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 754 / 1289 |
| | (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. Ms. Nancy J. Hutson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 64 Montauk Avenue | | Transaction ID: 1980464 | |
| City State Zip Code Stonington CT 06378 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Pfizer, Inc. | Occupation Executive | | |
| 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. Ms. Michelle Therese Inama | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 6800 Estates Dr | | Transaction ID: 1976392 | |
| City State Zip Code Piedmont CA 94611 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer The Nature Conservancy | Occupation Administrative Assistant | | |
| 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) C. Ms. Diane Iniguez | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 212 E Church St | | Transaction ID: 1975862 | |
| City State Zip Code Frederick MD 21701 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Marriott International | Occupation Computer Scientist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 755 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Beth A. Inlander | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1805 N. Mohawk Street, # B | | Transaction ID: 1988449 | |
| City State Zip Code Chicago IL 60614 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Bank of America | Occupation Banker | | |
| 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. Terrence Ireland | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 10023 Menlo Avenue | | Transaction ID: 1978399 | |
| City State Zip Code Silver Spring MD 20910 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Consultant | | |
| 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) C. Ms. Lois D. Isenman | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 36 Byfield Road | | Transaction ID: 1975479 | |
| City State Zip Code Newton MA 02468 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Writer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 756 / 1289
(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)
Ms. Hilary N. Jacobs

Mailing Address 12400 Wilshire Blvd. Ste. 850

City State Zip Code
Los Angeles CA 90025

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978836

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Geraldine Jacobson

Mailing Address 3041 Newport Road NE

City State Zip Code
Iowa City IA 52240

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

Name of Employer University of Iowa Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980171

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Anita R. Jacobson

Mailing Address 91 Central Park West, # 4B

City State Zip Code
New York NY 10023

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 1988914

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 757 / 1289
(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)
Ms. Louise C. Jaffe

Mailing Address 1121 Grant Street

City State Zip Code
Santa Monica CA 90405

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

Name of Employer Occupation
20th Century Fox Script Supervisor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 1977039

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Nora T. Jaffe

Mailing Address 2424 Ellentown Road

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987252

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ms. Suzanne D. Jaffe

Mailing Address 784 Park Avenue, # 5A

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
S.D.J. Associates Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 1977085

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 758 / 1289 |
| | (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. Mr. Kenneth Jaffee | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2596 Village Drive | | Transaction ID: 1981321 |
| City State Zip Code Union City CA 94587 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Mrs. Karen S. Jakes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 520 East 86th Street Apt. 13-C | | Transaction ID: 1987287 |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Biologist Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara Jakobson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 167 E. 74th Street | | Transaction ID: 1976200 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 759 / 1289 |
| | (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. Dr. Grace K. Jameson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 121 Tarpon | | Transaction ID: 1986195 | |
| City State Zip Code Galveston TX 77550 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Beth Sipple Janick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 3923 Hemmingway Dr | | Transaction ID: 1976367 | |
| City State Zip Code Okemos MI 48864 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Psychotherapist | | |
| 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) C. Ms. Delores F. Jeffers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 5110 Stonehurst Road | | Transaction ID: 1984028 | |
| City State Zip Code Tampa FL 33647 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer USF | Occupation Faculty Administrator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 760 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Sheila Jefferson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 10634 Holman Avenue, # 4 | | Transaction ID: 1978441 |
| City State Zip Code Los Angeles CA 90024 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hookstratten & Hookstratten | Occupation Business Manager | |
| 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. Ms. Christine L. Jennings | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 988 Boulevard of the Arts, # 510 | | Transaction ID: 1990416 |
| City State Zip Code Sarasota FL 34236 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Marla D. Jensen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 1615 Bittern Court | | Transaction ID: 1987639 |
| City State Zip Code Carlsbad CA 92011 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 761 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Cynthia O. Jimenez | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 932 Franklin Street | | Transaction ID: 1979547 |
| City State Zip Code Wyomissing PA 19610 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Mildred P. Johansson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 72 Smoky Hollow Road W. | | Transaction ID: 1977242 |
| City State Zip Code East Berne NY 12059 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Kathleen M. Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 |
| Mailing Address 2225 Cedar Cove Ct | | Transaction ID: 1971888 |
| City State Zip Code Reston VA 20191 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation U.S. Geological Survey Geologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 762 / 1289 |
| | <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

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Ms. Marcia K. Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 66 Seaview Ave. | | Transaction ID: 1979551 | |
| City Branford | State CT | Zip Code 06405 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Yale University | Occupation Professor | | |
| 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. Mrs. Katharine H. Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 69 W Shore Road | | Transaction ID: 1977577 | |
| City Belvedere | State CA | Zip Code 94920 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| 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) C. Ms. Rebecca Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 8737 E Honeybear Pl | | Transaction ID: 1984349 | |
| City Tucson | State AZ | Zip Code 85749 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Financial advisor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 763 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Karen G. Johnson-McKewan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 21 Santa Monica Way | | Transaction ID: 1977091 | |
| City State Zip Code San Francisco CA 94127 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Orrick, Herrington & Sutcliffe LLP | Occupation Attorney | | |
| 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. Ms. Marilyn Johnston | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 66 Cedar Drive | | Transaction ID: 1979802 | |
| City State Zip Code Washington IA 52353 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| 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) C. Ms. Kathryn E. Johnston | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 755 Page Mill Road | | Transaction ID: 1977656 | |
| City State Zip Code Palo Alto CA 94304 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 764 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary Robbins B. Jones

Mailing Address 1208 Berkeley

City Richardson State TX Zip Code 75081

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

Name of Employer 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
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1984019

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Melissa A Jones

Mailing Address 2513 McCallum Drive

City Austin State TX Zip Code 78703

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

Name of Employer unemployed Occupation community volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1986134

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Bonnie McGuire Jones

Mailing Address 285 Pawling Avenue

City Troy State NY Zip Code 12180

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

Name of Employer Jones & Wilcenski PLLC Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984599

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 765 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dr. Peggy E. Jones

Mailing Address 341 Brockway Place

City State Zip Code
Saginaw MI 48602

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

Name of Employer Occupation
GM Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1976855

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Suzette Jones

Mailing Address 540 South Osprey Avenue

City State Zip Code
Sarasota FL 34236

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

Name of Employer Occupation
Self Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1989946

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Lee Jordan

Mailing Address 13 Chesterland Dr

City State Zip Code
Thornton PA 19373

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

Name of Employer 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
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1981087

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 766 / 1289 |
| | <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. Ms. Maryanne J. Joyce | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 142 Nyac Avenue | | Transaction ID: 1989930 | |
| City State Zip Code Pelham NY 10803 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer LSNY-Bronx | Occupation Attorney | | |
| 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. Ms. Sally Juday | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1833 Ridgecrest Road | | Transaction ID: 1976586 | |
| City State Zip Code Fort Collins CO 80524 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Mr. Barry I. Judis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 4201 Hayvenhurst Drive | | Transaction ID: 1988321 | |
| City State Zip Code Encino CA 91436 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer All California Funding | Occupation Mtg. Banker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 767 / 1289 |
| | (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. Ms. Cynthia Kagno | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 132 Palfrey Street | | Transaction ID: 1979435 | |
| City State Zip Code Watertown MA 02472 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation AIR Inc. Consultant | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Jean S. Kahan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 2022 Brookside Drive | | Transaction ID: 1987057 | |
| City State Zip Code Scotch Plains NJ 07076 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Dona S. Kahn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 43 W 61 Street #25U | | Transaction ID: 1980270 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Anderson Kill Olick & Oshinsky Attorney | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|--------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1289
(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)
Mrs. Gerald A. Kaminer

Mailing Address 9229 Menard Avenue

City State Zip Code
Morton Grove IL 60053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 10 / 2006

Transaction ID: 1976802

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mrs. Gerald A. Kaminer

Mailing Address 9229 Menard Avenue

City State Zip Code
Morton Grove IL 60053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1985103

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mrs. Gerald A. Kaminer

Mailing Address 9229 Menard Avenue

City State Zip Code
Morton Grove IL 60053

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989851

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 769 / 1289 |
| | (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. Mr. Henry Kaminer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 95 Charles Street, Apt. 5 | | Transaction ID: 1976690 | |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Mr. Lloyd C. Kannenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address PO Box 688 | | Transaction ID: 1977515 | |
| City State Zip Code Weston MA 02493 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physicist U Mass Lowell Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Eugene Kapaloski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 8882 Collingwood Drive | | Transaction ID: 1987299 | |
| City State Zip Code Los Angeles CA 90069 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 770 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Jocelyn Kaplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1029 N Stuart St Apt 517 | | Transaction ID: 1980437 | |
| City Arlington | State VA | Zip Code 22201 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Advisors Financial, Inc. | Occupation Financial Planner | | |
| 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. Mrs. Arlene Kaplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 126-05 11 Avenue | | Transaction ID: 1977044 | |
| City College Point | State NY | Zip Code 11356 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HEART TO HOME INC | Occupation Exec | | |
| 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) C. Mr. Woody Kaplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 99 Chauncy Street | | Transaction ID: 1990061 | |
| City Boston | State MA | Zip Code 02111 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer The Kaplan Group. Inc | Occupation Provocateur | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 771 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Ms. Sharon Karmazin

Mailing Address 18 Upper Brook Drive

City State Zip Code
North Brunswick NJ 08902

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

Name of Employer 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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985586

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Ellen Kasdan

Mailing Address 8912 Burton Way

City State Zip Code
Beverly Hills CA 90211

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

Name of Employer Occupation
MK Films Film Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 1978799

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Heidi H. Katz

Mailing Address 2738 Garrison Ave

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Robbins, Schwartz Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984356

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 772 / 1289 |
| | (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. Ms. Laraine Kauf | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 448 Neptune Avenue, Apt. 14G | | Transaction ID: 1981155 | |
| City State Zip Code Brooklyn NY 11224 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Independent Contractor | | |
| 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. Ms. Yukako Kawata | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 5 Riverside Drive, PH-A | | Transaction ID: 1987436 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Davis Polk & Wardwell | Occupation Lawyer | | |
| 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) C. Ms. Celeste H. Keaton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 14330 160th Avenue NE | | Transaction ID: 1997866 | |
| City State Zip Code Woodinville WA 98072 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 773 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Kathryn E. Keeler

Mailing Address 26 Hancock Street

City Winchester State MA Zip Code 01890

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

Name of Employer Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 1986194

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Sally Keil

Mailing Address 1219 Route 171

City Woodstock State CT Zip Code 06281

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 09 / 2006

Transaction ID: 1976564

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Ann R. Kelley

Mailing Address 3704 Providence Court

City Wilmington State NC Zip Code 28412

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 09 / 2006

Transaction ID: 1976007

Amount of Each Receipt this Period
300.00

| | | |
|--|---|---------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1289
(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)
Ms. Louise Kellogg

Mailing Address 7286 Mentor Lane

City State Zip Code
Vacaville CA 95688

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

Name of Employer 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
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978601

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marion K. Kellogg

Mailing Address 772 Brush Hill Road

City State Zip Code
Stowe VT 05672

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987705

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mr. Harris L. Kempner

Mailing Address 2201 Market Street, # 1210

City State Zip Code
Galveston TX 77550

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

Name of Employer Occupation
Self Financial Advisor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1989947

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 775 / 1289 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Mary Lou Kennedy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1765 W Ainslie St | | Transaction ID: 1986127 | |
| City State Zip Code Chicago IL 60640 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer First Amer. Ins. Company | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Daphne A. Kenyon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 11 Faith Road | | Transaction ID: 1978681 | |
| City State Zip Code Windham NH 03087 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Simmons College | Occupation Economist | | |
| 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) C. Ms. Doris Ketcham | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 126 Grattan Street | | Transaction ID: 1988601 | |
| City State Zip Code San Francisco CA 94117 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 776 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Sara J. Ketcham

Mailing Address 3113 Twin Solo Drive

City State Zip Code
Blue Bell PA 19422

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989471

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda Ketelaar

Mailing Address 224 Cureton Street

City State Zip Code
Greenville SC 29605

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

Name of Employer Occupation
Ahold Info Svcs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 1975445

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Joyce A. Kidd

Mailing Address 9982 Reevesbury Drive

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1984003

Amount of Each Receipt this Period
250.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 777 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Floride B. Kidder | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 12616 W. Crescent Drive | | Transaction ID: 1986447 | |
| City State Zip Code Dunlap IL 61525 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Kidder Music | 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. Ms. Mary Ann Kiely | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 460 Cola Ballena Apt. F | | Transaction ID: 1983992 | |
| City State Zip Code Alameda CA 94501 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Watson Wyatt | Occupation Consultant | | |
| 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) C. Ms. Jeanie Kilgour | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 6727 Woodcreek Road | | Transaction ID: 1980626 | |
| City State Zip Code Charlevoix MI 49720 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 778 / 1289 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |
|--|---|

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NAME OF COMMITTEE (In Full)
EMILY's List

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Phyllis M. Kindinger Mailing Address 255 Mayer Road 147 M City State Zip Code Frankenmuth MI 48734 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Transaction ID: 1988605 Amount of Each Receipt this Period 300.00 |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Jean H. Kindleberger Mailing Address 19 Prentiss Street City State Zip Code Cambridge MA 02140 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 1977061 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Douglas M. Kinney Mailing Address 920 E Deerpath Road City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. C | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Transaction ID: 1989927 Amount of Each Receipt this Period 5000.00 |
| Name of Employer Occupation Intermatic Incorporated Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 779 / 1289 |
| | <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. Rev. Beverly P. Kivel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 1813 Wales Drive | | Transaction ID: 1985212 | |
| City State Zip Code Walnut Creek CA 94595 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Robin A. Klaehn-Quilliam | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 10070 E Powder Horn Place | | Transaction ID: 1987971 | |
| City State Zip Code Tucson AZ 85749 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Maxene Kleier | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address PO Box 507 | | Transaction ID: 1989631 | |
| City State Zip Code Bloomfield KY 40008 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Writer Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 780 / 1289
(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. Full Name (Last, First, Middle Initial)
Ms. Deborah J. Klugman

Mailing Address 84 Brookwood Drive

City State Zip Code
Briarcliff NY 10510

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

Name of Employer 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990380

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Sara Koffman

Mailing Address 826 Old Quaker Hill Road

City State Zip Code
Pawling NY 12564

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

Name of Employer Occupation
Housewife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988291

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ms. Patsy A. Kolar

Mailing Address 18070 Langlois Road
Apt.214

City State Zip Code
Desert Hot Springs CA 92241

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

Name of Employer 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
0 1 / 0 4 / 2 0 0 6

Transaction ID: 1977361

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 781 / 1289
(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)
Ms. Betty Hahneman Kolb

Mailing Address 1550 N Lake Shore Drive
#2A

City State Zip Code
Chicago IL 60610

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

Name of Employer 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
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978400

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn K. Kolb

Mailing Address 64 Hill Street

City State Zip Code
Lexington MA 02421

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

Name of Employer 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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1976804

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Cochran Kopel

Mailing Address 1624 South Lincoln Avenue

City State Zip Code
Springfield IL 62704

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

Name of Employer Occupation
IL-Dept. Children&FamilyS-
ervices Manager/Analyst

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1976040

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 782 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Mr. Kenneth D. Kopple | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 720 Glengarry Road | | Transaction ID: 1978156 |
| City Philadelphia | State PA | Zip Code 19118 |
| Amount of Each Receipt this Period 250.00 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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. Ms. Christine L. Koski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 3525 Turtle Creek Blvd. # 19B | | Transaction ID: 1989235 |
| City Dallas | State TX | Zip Code 75219 |
| Amount of Each Receipt this Period 350.00 | | Amount of Each Receipt this Period 350.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Koski Consulting Group | Occupation President | |
| 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) C. Ms. Lynne Koy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 250 Robin Drive | | Transaction ID: 1987457 |
| City Sarasota | State FL | Zip Code 34236 |
| Amount of Each Receipt this Period 1000.00 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Real Estate Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 783 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Ronya Kozmetsky | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 901 W 9th St Apt 1002 | | Transaction ID: 1989896 |
| City State Zip Code Austin TX 78703 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Private Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Judith H. Kramer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 372 Ferne Avenue | | Transaction ID: 1988205 |
| City State Zip Code Palo Alto CA 94306 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Dr. Leslie Kramer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 411 Thenth Street SE | | Transaction ID: 1978733 |
| City State Zip Code Ceder Rapids IA 52403 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Dermatologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 784 / 1289 |
| | (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. Mr. Jordan Krasnow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 20 Tileston St Apt 3J | | Transaction ID: 1980691 | |
| City Boston | State MA | Zip Code 02113 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Northeastern University | Occupation Assoc. Prof. | | |
| 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. Ms. Eileen S. Kraus | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 209 Tunxis Road | | Transaction ID: 1978710 | |
| City West Hartford | State CT | Zip Code 06107 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Fleet Financial Corp. | Occupation Director of Corporate Boards | | |
| 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) C. Ms. Vera Kreisberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4735 Barcelona Court | | Transaction ID: 1984480 | |
| City Calabasas | State CA | Zip Code 91302 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 785 / 1289 |
| | (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) A. Dr. Susan B. Kreyoy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 607 North Alpine Drive | | Transaction ID: 1986464 | |
| City State Zip Code Beverly Hills CA 90210 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Psychologist Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Susan Kroes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1563 Jefferson | | Transaction ID: 1980599 | |
| City State Zip Code Muskegon MI 49441 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Hackley Library Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Librarian Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Tina Kroot-Jeffkroot | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 222 Crescent Road | | Transaction ID: 1977878 | |
| City State Zip Code San Anselmo CA 94960 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Architect Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 786 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|-------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Rosalind Kroplick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 33 Wren Drive | | Transaction ID: 1985972 | |
| City Roslyn | State NY | Zip Code 11576 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|-------------|---|--|
| B. Full Name (Last, First, Middle Initial) Dr. Lauren Krupp | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 36 Mount Grey Road | | Transaction ID: 1976168 | |
| City Setauket | State NY | Zip Code 11733 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Lila Kuhn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 15 Norman Place | | Transaction ID: 1980358 | |
| City Tenafly | State NJ | Zip Code 07670 | Amount of Each Receipt this Period 296.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 296.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1546.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 787 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Estelle Kuhn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 60 W 68th Street, Apt 3B | | Transaction ID: 1983978 |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Terry Kulka | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 3945 Oakmore Road | | Transaction ID: 1985841 |
| City State Zip Code Oakland CA 94602 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Real Estate Sales Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Dr. F. H. Kung | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address Number Five 707 South Sierra Avenue | | Transaction ID: 1978752 |
| City State Zip Code Solana Beach CA 92075 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1289
(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)
Ms. Dawn E. Laguens

Mailing Address 4301 Connecticut Ave, NW
Suite 434

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Laguens Hamburger Stone Consultant

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 1983980

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. William Laimbeer

Mailing Address 220 S. Collier Blvd.
Duchess PH-A

City State Zip Code
Marco Island FL 34145

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

Name of Employer Occupation
Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: 1986517

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Vicki M. Lambert

Mailing Address 3575 E. Rochelle Avenue

City State Zip Code
Las Vegas NV 89121

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 1980706

Amount of Each Receipt this Period
296.00

SUBTOTAL of Receipts This Page (optional) ► **846.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 789 / 1289 |
| | <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. Ms. Dottie V. Lamm | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 5401 East Dakota Avenue Apt.20 | | Transaction ID: 1985254 | |
| City State Zip Code Denver CO 80246 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Denver | Occupation Professor, Writer | | |
| 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. Ms. Michele K. Lamothe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 5 Juniper Road | | Transaction ID: 1985728 | |
| City State Zip Code Westport CT 06880 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation vet | | |
| 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) C. Ms. Deborah Landers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 4 Arlington Street # 22 | | Transaction ID: 1976210 | |
| City State Zip Code Cambridge MA 02140 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 790 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Lynn T. Landmesser | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 3197 Warrington Road | | Transaction ID: 1977365 | |
| City State Zip Code Shaker Heights OH 44120 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Case Western reserve Univ. Occupation Professor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Susan Landon-Weinstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 8440 SE 47th Place | | Transaction ID: 1996720 | |
| City State Zip Code Mercer Island WA 98040 | | Amount of Each Receipt this Period 5000.00 | |
| 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 ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Eleanor A. Lane | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 5300 Zebulon Rd Unit 49 | | Transaction ID: 1988771 | |
| City State Zip Code Macon GA 31210 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Family Counseling Center Occupation Family Therapist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 791 / 1289 |
| | <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. Ms. Kathleen Langford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 3810 Battersea Road | | Transaction ID: 1986540 | |
| City State Zip Code Miami FL 33133 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self Occupation social worker | | | |
| 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. Ms. Terilynn Langsev | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1 Wintercreek | | Transaction ID: 1985214 | |
| City State Zip Code Portola Valley CA 94028 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Mrs. Gail A. Lanznar | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1019 Ashland Avenue | | Transaction ID: 1985550 | |
| City State Zip Code Wilmette IL 60091 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 792 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Sally Lapidès | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 5 Stadium Rd. | | Transaction ID: 1975951 | |
| City State Zip Code Providence RI 02906 | | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Presidential Properties, Ltd. | | Occupation Real Estate | |
| 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. Ms. Ann Evans Larimore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 916 Olivia Ave | | Transaction ID: 1979549 | |
| City State Zip Code Ann Arbor MI 48104 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Michigan | | Occupation Professor 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) C. Ms. Andrea Larson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 3040 Waverly Dr | | Transaction ID: 1976006 | |
| City State Zip Code Charlottesville VA 22901 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Univ. Of Virginia | | Occupation Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 793 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Andrea Larson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 3040 Waverly Dr | | Transaction ID: 1987708 |
| City State Zip Code Charlottesville VA 22901 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Univ. Of Virginia | Occupation Professor | |
| 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. Mrs. Edith R. Lauderdale | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 55 Nonquitt Avenue P.O. Box P-244 | | Transaction ID: 1986688 |
| City State Zip Code So. Dartmouth MA 02748 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Sherrill E. Lavagnino | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 3362 Herrier Street | | Transaction ID: 1979327 |
| City State Zip Code Oakland CA 94602 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Isys Controls, Inc. | Occupation Software Engineer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 794 / 1289 |
| | (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. Mrs. Ursula Layton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 68 Jane Street, Apt. 1W | | Transaction ID: 1988476 | |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | 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. Aili L. Lazaar | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1640 Forest Creek Drive | | Transaction ID: 1979667 | |
| City State Zip Code Blue Bell PA 19422 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Univ of Pennsylvania Physician | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Sharon Leader | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6 | |
| Mailing Address 311 W. Plantation Ridge Ct. | | Transaction ID: 1976970 | |
| City State Zip Code Baton Rouge LA 70810 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation SW Leader Inc. Transportation Consultant | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 795 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Cynthia Leder | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 300 E. 54th Street, Apt. 33L | | Transaction ID: 1977357 | |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer None | Occupation Mother | | |
| 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. Ms. Gail Lees | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2089 Sunrise Hill Drive | | Transaction ID: 1979087 | |
| City State Zip Code Los Angeles CA 90049 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Caroline L. LeGette | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1510 Harbor Ct | | Transaction ID: 1988885 | |
| City State Zip Code Fort Myers FL 33908 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Housewife | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 796 / 1289
(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)
Ms. Grace Leight

Mailing Address 205 W. End Avenue, Apt. 6K

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1979786

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Ann S. Lemke

Mailing Address 7450 Olivetas Avenue, # D361

City State Zip Code
LaJolla CA 92037

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980032

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Leonhardt

Mailing Address 1803 39th Avenue E.

City State Zip Code
Seattle WA 98112

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 1980530

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 797 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. Martha L. Lepow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 277 Milner Court | | Transaction ID: 1990803 | |
| City Albany | State NY | Zip Code 12208 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Albany Medical College | Occupation Professor | | |
| 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. Ms. Elaine L. Leppo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 71 Lynam Road | | Transaction ID: 1989601 | |
| City Stamford | State CT | Zip Code 06903 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer In Vision, Inc. | Occupation Market Research | | |
| 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) C. Ms. Suzanne Lerner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 127 E. Ninth Street, # 1103 | | Transaction ID: 1971915 | |
| City Los Angeles | State CA | Zip Code 90015 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lerner et Cie | Occupation Owner-Sales Company | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 798 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Ann M. Lesch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 1326 Spruce Street Apartment 1303 | | Transaction ID: 1980055 |
| City Philadelphia State PA Zip Code 19107 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Villanova University Occupation Associate Professor | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Roslyn Levin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 4092 Penshurst Pike | | Transaction ID: 1989958 |
| City Sarasota State FL Zip Code 34235 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Ms. Claire A. LeVine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 3625 Terra Granada Drive # 2B | | Transaction ID: 1987502 |
| City Walnut Creek State CA Zip Code 94595 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Seniors Reverse Mtg Occupation Consultant | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 799 / 1289
(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)
Ms. Linda H. Levine

Mailing Address 6296 Fleecydale Road
Box 234

City State Zip Code
Carversville PA 18913

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

Name of Employer 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990054

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Valerie Levy

Mailing Address 11 Gracewood Drive

City State Zip Code
Manhasset NY 11030

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

Name of Employer 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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1979522

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Solomon Levy

Mailing Address 6710 McCallum Street

City State Zip Code
Philadelphia PA 19119

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

Name of Employer Occupation
Levy Associates Financial Planner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1987357

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 800 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Jennifer E. Levy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 7723 Crossover Drive | | Transaction ID: 1979694 |
| City State Zip Code McLean VA 22102 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation U.S. Department of Justice Attorney | | |
| 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. Ms Allegra Lewis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 3044 Samarkand Drive | | Transaction ID: 1989886 |
| City State Zip Code Santa Barbara CA 93105 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Roslyn C. Leydet | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 430 Sonoma Dr | | Transaction ID: 1978283 |
| City State Zip Code Cloverdale CA 95425 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 801 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Rebecca Liebman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address PO Box 2172 | | Transaction ID: 1989583 | |
| City Olympia | State WA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 98507 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Timberland Regional Library | Occupation Librarian | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Terry E. Lightfoot | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 513 Apex Avenue | | Transaction ID: 1986139 | |
| City New Braunfels | State TX | Amount of Each Receipt this Period 250.00 | |
| Zip Code 78132 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Lovelace P. Lillian | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 780 Bosque Road | | Transaction ID: 1987430 | |
| City Santa Barbara | State CA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 93108 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 802 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Elsa Limbach | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 6017 Kentucky Avenue | | Transaction ID: 1979106 | |
| City State Zip Code Pittsburgh PA 15206 | Amount of Each Receipt this Period 334.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 334.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kathleen Lingo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 115 Central Park West | | Transaction ID: 1986721 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Laura C. Lippman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 16206 Beach Drive NE | | Transaction ID: 1990377 | |
| City State Zip Code Lake Forest Park WA 98155 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Edmonds Family Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2334.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 803 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan M. Liss

Mailing Address 7101 Beechwood Drive

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer People for the American Way
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: 1986700

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Litowitz

Mailing Address 11401 SW 40th St., Suite 370

City State Zip Code
Miami FL 33165

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

Name of Employer Self
Occupation Realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1981268

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Ruth Forbes Litwin

Mailing Address 6813 Wild Ridge Ct

City State Zip Code
Plano TX 75024

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 ▼
250.00

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

Transaction ID: 1987306

Amount of Each Receipt this Period
250.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 804 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marcia Lloyd

Mailing Address 142 W Newton St

City State Zip Code
Boston MA 02118

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 1990086

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. William B. Lloyd

Mailing Address 245 W. 107th Street Apt. 16C

City State Zip Code
New York NY 10025

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2006

Transaction ID: 1980655

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Cheryl Loeffler

Mailing Address 415 L'Ambiance Drive # 203

City State Zip Code
Long Boat Key FL 34228

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

Name of Employer Cedwill Banker Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: 1986456

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 805 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. Kathleen K. Loewy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 3465 A Bahia Blanca W. | | Transaction ID: 1985035 |
| City Laguna Woods State CA Zip Code 92637 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Kathleen K. Loewy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 3465 A Bahia Blanca W. | | Transaction ID: 1986560 |
| City Laguna Woods State CA Zip Code 92637 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Dr. Kathleen K. Loewy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 3465 A Bahia Blanca W. | | Transaction ID: 1988182 |
| City Laguna Woods State CA Zip Code 92637 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 806 / 1289 |
| | <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. Ms. Ann Hyatt Logan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6 | |
| Mailing Address 61 W 62nd St Apt 6J | | Transaction ID: 1984005 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer U.S. Treasury | 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. Ms. Alice London | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 101 Ridgemont Court | | Transaction ID: 1979102 | |
| City State Zip Code Austin TX 78746 | Amount of Each Receipt this Period 1000.00 | | |
| 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 ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Carol Louchheim | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 7 Brent Court | | Transaction ID: 1986128 | |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Retail | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 807 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Carol Louchheim Mailing Address 7 Brent Court City Menlo Park State CA Zip Code 94025 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 Transaction ID: 1996184 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Occupation Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Brenda Lowe-Wong Mailing Address 535 Pullman Road City Hillsborough State CA Zip Code 94010 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 Transaction ID: 1988898 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Nancy Lucke Ludgus Mailing Address 270 Vernal Court City Los Altos State CA Zip Code 94022 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 1985120 Amount of Each Receipt this Period 100.00 |
| Name of Employer Nat'l Semiconductor Corp. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 808 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Nancy Lucke Ludgus | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 270 Vernal Court | | Transaction ID: 1987994 |
| City State Zip Code Los Altos CA 94022 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Nat'l Semiconductor Corp. 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. Ms. Elise Lufkin | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 2997 | | Transaction ID: 1979509 |
| City State Zip Code Ketchum IN 83340 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Self Writer | | |
| 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) C. Mr. Christopher H. Lutz | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 75 Richdale Avenue, # 15 | | Transaction ID: 1983967 |
| City State Zip Code Cambridge MA 02140 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Plumssock Mesóamerican Studies Editor/unsalaried | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 809 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Anne Marie Macari | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 23 York Street | | Transaction ID: 1977354 |
| City State Zip Code Lambertville NJ 08530 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer New England College | Occupation writer/teacher | |
| 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. Dr. Joyce I. Macbeth | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 265 | | Transaction ID: 1978444 |
| City State Zip Code Willow AK 99688 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Cathie Macdonald | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1410 40th Avenue | | Transaction ID: 1980337 |
| City State Zip Code Rock Island IL 61201 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ill. Educ Assoc. | Occupation Uniserv Rep. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 810 / 1289
(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)
Ms. Margaret T. Macdonald

Mailing Address 354 Carolina Meadows Villa

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer 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
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988880

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Olga L. Mack

Mailing Address 201 Byram Shore Road

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1983970

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Reed K. Mackenzie

Mailing Address 3 Birdie Lane

City State Zip Code
Chaska MN 55318

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985176

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 811 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Margaret C. Madeira

Mailing Address 226 Joseph's Way

City Frazer State PA Zip Code 19355

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

Name of Employer Unisys Corp. Occupation Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 25 / 2006

Transaction ID: 1988883

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Alex Madonik

Mailing Address 1533 Keoncrest Drive

City Berkeley State CA Zip Code 94702

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

Name of Employer Perkin-Elmer Corp. Occupation Chemist/Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 12 / 2006

Transaction ID: 1980945

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan E. Magee

Mailing Address 4000 Cathedral Avenue NW
Apartment 604B

City Washington State DC Zip Code 20016

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 ▼ 1000.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989602

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 812 / 1289 |
| | <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. Ms. Katherine A. Mahle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 1410 Spring Valley Road | | Transaction ID: 1977510 |
| City State Zip Code Golden Valley MN 55422 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hamline UMC | Occupation Clergy | |
| 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. Mrs. Marlene Maier | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 817 Melville Avenue | | Transaction ID: 1985619 |
| City State Zip Code Palo Alto CA 94301 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation homemaker | |
| 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) C. Mrs. Marlene Maier | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 817 Melville Avenue | | Transaction ID: 1988370 |
| City State Zip Code Palo Alto CA 94301 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 813 / 1289 |
| | (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. Dr. Jan E. Maisel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 150 Hacienda Drive | | Transaction ID: 1986618 | |
| City Tiburon | State CA | Zip Code 94920 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Rowe Maisel Heath and Harvey | Occupation Pediatrician | | |
| 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. Mrs. Frances A. Makover | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 2660 Peachtree Rd NW #6C | | Transaction ID: 1979349 | |
| City Atlanta | State GA | Zip Code 30305 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Eva Marie Mancuso-Feeney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 559 Congdon Hill Road | | Transaction ID: 1981278 | |
| City Saunderstown | State RI | Zip Code 02874 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Harnel, Waxler, Allen & Collins | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 814 / 1289 |
| | <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. Ms. Kathleen B. Mandel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 180 E. End Ave. | | Transaction ID: 1977592 |
| City State Zip Code New York NY 10128 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Housewife Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Susan Z. Mandel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 20 Bobolink Lane | | Transaction ID: 1989900 |
| City State Zip Code Greenwich CT 06830 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Judy F. Manning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 624 Sycamore Street | | Transaction ID: 1980238 |
| City State Zip Code Decatur GA 30030 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 815 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Mr. James V. Manning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address Cook Avenue Cottage 310 | | Transaction ID: 1984018 |
| City State Zip Code Sea Island GA 31561 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Private Investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Jeanne K. Manning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address PO BOX 30765 Cottage 310 | | Transaction ID: 1985208 |
| City State Zip Code Sea Island GA 31561 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self employed | Occupation private investor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Sandra Manzella | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 202 W. Brookline Street | | Transaction ID: 1979809 |
| City State Zip Code Boston MA 02118 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UBS Financial | Occupation Portfolio Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 816 / 1289 |
| | (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. Ms. Jenelle Marcus | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 828 Contra Costa Avenue | | Transaction ID: 1976300 | |
| City State Zip Code Berkeley CA 94707 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Carole Markus | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 112 Cardiff Road | | Transaction ID: 1990681 | |
| City State Zip Code Pittsburgh PA 15237 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Corporate Secretary | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Susan Marsch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 139 Carmel | | Transaction ID: 1986514 | |
| City State Zip Code San Francisco CA 94117 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Attorney | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 817 / 1289 |
| | (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. Mrs. Sheila P. Marshall | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 244 Springline Drive | | Transaction ID: 1988320 | |
| City State Zip Code Vero Beach FL 32963 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Margaret E. Martin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 10450 Lottsford Road #4009 | | Transaction ID: 1979554 | |
| City State Zip Code Mitchellville MD 20721 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Nancy C. Martin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2706 Belknap Beach | | Transaction ID: 1976183 | |
| City State Zip Code Prospect KY 40059 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Louisville Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Administrator Aggregate Year-to-Date ▼ 365.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1615.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 818 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Mr. Allan C. Martin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 62 Selby Lane | | Transaction ID: 1988054 |
| City State Zip Code Atherton CA 94027 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NEPC | Occupation Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Geri Martin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 7425 Pelican Bay Boulevard Apt. 906 | | Transaction ID: 1988252 |
| City State Zip Code Naples FL 34108 | Amount of Each Receipt this Period 750.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Geri Martin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 7425 Pelican Bay Boulevard Apt. 906 | | Transaction ID: 1989917 |
| City State Zip Code Naples FL 34108 | Amount of Each Receipt this Period 1250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 819 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Mrs. Rhoda B. Martyn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 620 Sand Hill Road Apt. 404G | | Transaction ID: 1990417 |
| City Palo Alto | State CA | Zip Code 94304 |
| Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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. Ms. Berna L. Massingill | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 8555 Laurens Lane, # 1309 | | Transaction ID: 1977380 |
| City San Antonio | State TX | Zip Code 78218 |
| Amount of Each Receipt this Period 240.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Trinity University | Occupation College Instructor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Nina Barbara Matis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address One Union Square South Apt. 10-D | | Transaction ID: 1985215 |
| City New York | State NY | Zip Code 10003 |
| Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Katten Muchin Zavis Rosenmann | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 6240.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 820 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Edith R. Matthal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 675 Palmera Avenue | | Transaction ID: 1985973 |
| City State Zip Code Pacific Palisades CA 90272 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Robie & Matthal | Occupation Attorney | |
| 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. Ms. Maggie Mauer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1501 Venera Avenue Ste. 212 | | Transaction ID: 1989777 |
| City State Zip Code Miami FL 33146 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | 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) C. Ms. Judith Maxwell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2411 Broadway Street | | Transaction ID: 1981275 |
| City State Zip Code San Francisco CA 94115 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Art Historian | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 821 / 1289 |
| | (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. Ms. Marian S. Maxwell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 6141 N. West Avenue Unit 125 | | Transaction ID: 1980104 | |
| City State Zip Code Fresno CA 93711 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Mrs. Harriet Mayer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 55 East End Avenue, Apt 6A | | Transaction ID: 1977708 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Librarian Aggregate Year-to-Date ▼ 225.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Harriet Mayer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 55 East End Avenue, Apt 6A | | Transaction ID: 1976114 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Librarian Aggregate Year-to-Date ▼ 225.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 822 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Penelope L Maza | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 10012 Menlo Avenue | | Transaction ID: 1985623 | |
| City State Zip Code Silver Spring MD 20910 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer U.S. Government | Occupation Mid-Manager | | |
| 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. Ms. Susan N. McCoy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 601 Ewing St Suite B-19 | | Transaction ID: 1990532 | |
| City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Ruth McDiarmid | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2936 Upton Street NW | | Transaction ID: 1975973 | |
| City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Nat. Insts Health | | Occupation Techn. TransferSpecialist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 823 / 1289 |
| | <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. Ms. Nancy A. McDonald | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1317 Richards Aly | | Transaction ID: 1978147 | |
| City State Zip Code Wilmington DE 19806 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Accenture | Occupation Information Technology | | |
| 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. Ms. Virginia M. McDowell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 101 Shady Valley Drive | | Transaction ID: 1988570 | |
| City State Zip Code Chesterfield MO 63017 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Argosy Gaming Company | Occupation Sr VP Sales & Marketing | | |
| 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) C. Ms. Suzanne R. McDowell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6 | |
| Mailing Address 4821 Fort Sumner Drive | | Transaction ID: 1984002 | |
| City State Zip Code Bethesda MD 20816 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Steptoe & Johnson | Occupation Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 824 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Jacquelyn McElhanev Mailing Address 5340 Tanbark City State Zip Code Dallas TX 75229 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1986968 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Occupation Self Writer 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. Ms. Patricia McEveney Mailing Address 5954-1C Autumnwood Drive City State Zip Code Walnut Creek CA 94595 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Transaction ID: 1978135 Amount of Each Receipt this Period 250.00 |
| Name of Employer 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) C. Ms. Patricia McGuire Mailing Address 59 Barrow Street City State Zip Code New York NY 10014 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Transaction ID: 1980298 Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation US Trust Bank executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 825 / 1289 |
| | (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. Ms. H. Jo McKinley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 720 Seneca Street, Apt. 1010 | | Transaction ID: 1980819 | |
| City State Zip Code Seattle WA 98101 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. William McKinney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 200 Kingstown Road | | Transaction ID: 1976514 | |
| City State Zip Code Narravansett RI 02882 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation University Administrator | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Diane W. McMahon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 2735 North 11th Street | | Transaction ID: 1971935 | |
| City State Zip Code Arlington VA 22201 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Association Management | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 826 / 1289 |
| | (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. Ms. Jeanette McNeil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 7 Sunset Lane | | Transaction ID: 1990087 | |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 225.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Gullwing | Occupation Sales | | |
| 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. Miss Margit Meissner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 8323 Still Spring Court | | Transaction ID: 1979543 | |
| City State Zip Code Bethesda MD 20817 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Suzanne Sabin Melchior | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 159 Miraloma Drive | | Transaction ID: 1988217 | |
| City State Zip Code San Francisco CA 94127 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Unemployed | Occupation Psychologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2225.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 827 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. Edith P. Mendez | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 1168 Santa Cruz Way | | Transaction ID: 1989606 |
| City State Zip Code Rohnert Park CA 94928 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sonoma State University | Occupation Professor | |
| 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. Ms. Mari Mennel-Bell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1524 Bayview Drive | | Transaction ID: 1980275 |
| City State Zip Code Fort Lauderdale FL 33304 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self-employed | Occupation educator | |
| 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) C. Ms. Katarina Mesarovich | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 110 Riverside Drive, #16A | | Transaction ID: 1978688 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Welfare Law Center | Occupation Lawyer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 828 / 1289 |
| | (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. Ms. Bette Miller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1846 Grassy Ridge Road | | Transaction ID: 1985977 |
| City State Zip Code Saint Louis MO 63122 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prudential Alliance Realtors | Occupation Realtor | |
| 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. Ms. Pat J. Miller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 821 San Francisco Court | | Transaction ID: 1984263 |
| City State Zip Code Stanford CA 94305 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Jess Millikan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 812 Laurelwood Drive | | Transaction ID: 1977691 |
| City State Zip Code San Mateo CA 94403 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Bullivant, Houser, Bailey | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 829 / 1289
(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)
Mr. Weston F. Milliken

Mailing Address 1140 Sunset Vale Avenue

City State Zip Code
Los Angeles CA 90069

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 ▼
1000.00

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

Transaction ID: 1986466

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Joyanne B. Mills

Mailing Address 40W665 Grand Monde Drive

City State Zip Code
Elburn IL 60119

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

Name of Employer 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
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1983981

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Sarah Z. Minard

Mailing Address 123 Beechmont Road

City State Zip Code
Pittsburgh PA 15206

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

Name of Employer 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
0 1 / 1 2 / 2 0 0 6

Transaction ID: 1981143

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 830 / 1289
(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. Full Name (Last, First, Middle Initial)
Ms. Anne P. Mintz

Mailing Address 186 Riverside Drive

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Forbes Inc. Information Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: 1971839

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Anne P. Mintz

Mailing Address 186 Riverside Drive

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Forbes Inc. Information Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: 1980166

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Virginia L. Mithoff

Mailing Address 2930 Lazy Lane

City State Zip Code
Houston TX 77019

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1979173

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 831 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Virginia L. Mithoff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 2930 Lazy Lane | | Transaction ID: 1995368 | |
| City State Zip Code Houston TX 77019 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Madeline H. Mixer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 76 Bonnie Lane | | Transaction ID: 1988207 | |
| City State Zip Code Berkeley CA 94708 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Karin Moe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 3551 Creekview Dr | | Transaction ID: 1975927 | |
| City State Zip Code Bonita Spgs FL 34134 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 832 / 1289
(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. Full Name (Last, First, Middle Initial)
Ms. Mary Ellen H. Moir

Mailing Address 50 Lochstead Avenue

City State Zip Code
Jamaica Plain MA 02130

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

Name of Employer Occupation
Stellent, Inc. Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1979108

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Becky A. Moncur

Mailing Address 401 Overbook Drive

City State Zip Code
Jacksonville FL 32225

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1989346

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 127

City State Zip Code
Saint Joseph MO 64502

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

Name of Employer Occupation
Buchanan County Auditor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1977093

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 833 / 1289 |
| | (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. Ms. Jan Montgomery | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 942 Via Fruteria | | Transaction ID: 1977689 | |
| City State Zip Code Santa Barbara CA 93110 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Elizabeth Moog | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6211 Cove Creek Court | | Transaction ID: 1978872 | |
| City State Zip Code Burr Ridge IL 60527 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Argonne National Physicist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Jane Moore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 5 Ocean Lawn Lane | | Transaction ID: 1975647 | |
| City State Zip Code Newport RI 02840 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 834 / 1289 |
| | <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. Ms. Clarice S. Moore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 5346 SW 11th Pl | | Transaction ID: 1988744 | |
| City State Zip Code Cape Coral FL 33914 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Peggy B. Moore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 9121 Bithlo Ln | | Transaction ID: 1976598 | |
| City State Zip Code Tallahassee FL 32312 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Barbara H. Morgan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 1220 Milvia Street | | Transaction ID: 1978261 | |
| City State Zip Code Berkeley CA 94709 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Manager | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 835 / 1289 |
| | <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. Mrs. Sarah M. Morison | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 17 Gingerbread HI | | Transaction ID: 1984643 | |
| City State Zip Code Marblehead MA 01945 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Lloyd N. Morrisett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 12 Castle Road | | Transaction ID: 1989655 | |
| City State Zip Code Irvington NY 10533 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Kate B. Morrison | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1125 E. 48th Street | | Transaction ID: 1979023 | |
| City State Zip Code Chicago IL 60615 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 836 / 1289 |
| | <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. Ms. Barbara Morrisette | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 6197 Contra Costa Rd | | Transaction ID: 1977690 | |
| City State Zip Code Oakland CA 94618 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Kaiser Permanente | Occupation Heal Administrator | | |
| 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. Ms Anne K. Morse | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2235 West 63rd Street | | Transaction ID: 1976575 | |
| City State Zip Code Mission Hills KS 66208 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Mr. David H. Morse | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 60 State Street Hemenwer & Barnes | | Transaction ID: 1986921 | |
| City State Zip Code Boston MA 02109 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Hemennsey & Barnes | Occupation Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 837 / 1289 |
| | <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. Mrs. Marcia S. Morton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 |
| Mailing Address 9 Darlington Court | | Transaction ID: 1971753 |
| City State Zip Code Pittsburgh PA 15217 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Ann Moscovitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 1530 Palisade Ave Apt 16R | | Transaction ID: 1981065 |
| City State Zip Code Fort Lee NJ 07024 | Amount of Each Receipt this Period 375.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Kenneth Mountcastle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 37 Oenoke Lane | | Transaction ID: 1975455 |
| City State Zip Code New Canaan CT 06840 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3875.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 838 / 1289 |
| | <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. Ms. Katharine B. Mountcastle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 37 Oenoke Lane | | Transaction ID: 1990382 | |
| City State Zip Code New Canaan CT 06840 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Barbara W. Moxon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 31 Joseph Walker Drive | | Transaction ID: 1978320 | |
| City State Zip Code West Columbia SC 29169 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Mary B. Murdy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 71 St. John Place | | Transaction ID: 1980386 | |
| City State Zip Code New Canaan CT 06840 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 839 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Constance Murray | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 10 Oak Meadow Lane | | Transaction ID: 1978808 | |
| City State Zip Code Carmel Valley CA 93924 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Harold R. Musiker | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 17 Robbins Road | | Transaction ID: 1980303 | |
| City State Zip Code Arlington MA 02476 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Harold R. Musiker | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 17 Robbins Road | | Transaction ID: 1986620 | |
| City State Zip Code Arlington MA 02476 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 300.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 840 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Kimberly Myers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 3388 Sage Road # 2501 | | Transaction ID: 1977028 |
| City State Zip Code Houston TX 77056 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Barbara J. Nagel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 2 Springwood Lane | | Transaction ID: 1989961 |
| City State Zip Code Huntington NY 11743 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Lawyer | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Lucy Nesbeda | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 57 Oak Hill Road | | Transaction ID: 1976570 |
| City State Zip Code Harvard MA 01451 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 841 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn C. Nevin

Mailing Address 1410 Waterford Drive

City State Zip Code
Golden Valley MN 55422

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

Name of Employer Requested Occupation
Corp/ Risk 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1984562

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Raquel H. Newman

Mailing Address 44 Macondray Lane
Apartment 6W

City State Zip Code
San Francisco CA 94133

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

Name of Employer Self Occupation
Consultant/Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1986963

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lawrie Nickerson

Mailing Address PO Box 205

City State Zip Code
Grafton NY 12082

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

Name of Employer Schenectary Schools Occupation
Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985992

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 842 / 1289 |
| | <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. Ms. Sharon Y. Nickols | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 104 Telfair Place | | Transaction ID: 1980309 | |
| City Athens State GA Zip Code 30606 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Georgia | Occupation Dean/Professor | | |
| 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. Ms. Kayla Niles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1621 Clower Creek Drive T-172 | | Transaction ID: 1990418 | |
| City Sarasota State FL Zip Code 34231 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Sarah M. Nolan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 21 Via Cheparro | | Transaction ID: 1979119 | |
| City Greenbrae State CA Zip Code 94904 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed | Occupation Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 843 / 1289 |
| | (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. Ms. Bettye H. Nowlin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 3327 Far View Drive | | Transaction ID: 1979655 | |
| City Austin | State TX | Zip Code 78730 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Bettye H. Nowlin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3327 Far View Drive | | Transaction ID: 1989883 | |
| City Austin | State TX | Zip Code 78730 | Amount of Each Receipt this Period 4000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Investor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Bridget M. Nurock | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 200 West Washington Square #2207 | | Transaction ID: 1980045 | |
| City Philadelphia | State PA | Zip Code 19106 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Social Work Therapist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 5250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 844 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Gloria W. Nusbacher | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 694 Knollwood Drive | | Transaction ID: 1985665 | |
| City State Zip Code West Hempstead NY 11552 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Hughes Hubbard & Reed Attorney | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Janet Oberla | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4133 Berritt St. | | Transaction ID: 1984337 | |
| City State Zip Code Fairfax VA 22030 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Texas A & M Univ. Librarian | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Rolf Obrecht | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6850 Farmbrook Drive | | Transaction ID: 1979298 | |
| City State Zip Code Cincinnati OH 45230 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 845 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mrs. Robert K. Oconnor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1150 Reef Road Apt. 9 | | Transaction ID: 1976439 | |
| City State Zip Code Vero Beach FL 32963 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | 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. D. Oertel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 155 Labewood Blvd. | | Transaction ID: 1978620 | |
| City State Zip Code Madison WI 53704 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Phoebe A. Olcott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 50 La Loma Drive | | Transaction ID: 1978830 | |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 846 / 1289 |
| | <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. Ms. Virginia Lee Olesen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 158 Funston Avenue | | Transaction ID: 1977886 | |
| City State Zip Code San Francisco CA 94118 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of California | 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. Ms. Linda L. Oliver | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 8409 Cedar Street | | Transaction ID: 1978835 | |
| City State Zip Code Silver Spring MD 20910 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Hogan & Hartson LLP | Occupation Lawyer | | |
| 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) C. Ms. Eileen D. Olson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 420 Woodland Street | | Transaction ID: 1990419 | |
| City State Zip Code Houston TX 77009 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer GTC Investments | Occupation Real estate/contractor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 847 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Katherine L. Olson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 566 Lincoln Ave Unit 2C | | Transaction ID: 1978294 | |
| City Winnetka | State IL | Amount of Each Receipt this Period 500.00 | |
| Zip Code 60093 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Occupation Retired | | Amount of Each Receipt this Period 500.00 | |
| 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. Ms. Ellen B. Olson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 909 Benfield Drive | | Transaction ID: 1977754 | |
| City Greensboro | State NC | Amount of Each Receipt this Period 250.00 | |
| Zip Code 27410 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Occupation Retired | | Amount of Each Receipt this Period 250.00 | |
| 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) C. Dr. Cordelia Ontiveros | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1450 E North Hills Drive | | Transaction ID: 1989608 | |
| City La Habra | State CA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 90631 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Calif State University Occupation Administrator | | Amount of Each Receipt this Period 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | 1750.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 848 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Susan V. Opotow

Mailing Address 501 W. 123rd Street, Apt. 7F

City State Zip Code
New York NY 10027

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

Name of Employer NY City Occupation Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 6

Transaction ID: 1977502

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Judith Oppenheimer

Mailing Address 11650 Mt. Hamilton Road

City State Zip Code
San Jose CA 95140

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 / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1977089

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Judith F. Ostrow

Mailing Address 3604 NW 60th Street

City State Zip Code
Seattle WA 98107

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

Name of Employer 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
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978275

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 849 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Yael Ouzillou | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 3503 Winfield Drive | | Transaction ID: 1988302 | |
| City State Zip Code Austin TX 78704 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Jean Carnahan for Missouri Fundraiser | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Karen A. Packer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 21355 SW Hillsboro Highway | | Transaction ID: 1984415 | |
| City State Zip Code Newberg OR 97132 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Ann L. Paes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 4160 SW 83rd Ave. | | Transaction ID: 1989455 | |
| City State Zip Code Portland OR 97225 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 850 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Vineeta Pal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 4 3rd Street # 3 | | Transaction ID: 1985603 |
| City State Zip Code Norwalk CT 06855 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Steven Winter Assoc. | Occupation Architect | |
| 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. Ms. Vineeta Pal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 4 3rd Street # 3 | | Transaction ID: 1990322 |
| City State Zip Code Norwalk CT 06855 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Steven Winter Assoc. | Occupation Architect | |
| 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) C. Ms. Vicki Palefsky | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2811 Hillside Drive | | Transaction ID: 1980788 |
| City State Zip Code Burlingame CA 94010 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 851 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Vicki Palefsky | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 2811 Hillside Drive | | Transaction ID: 1988690 | |
| City State Zip Code Burlingame CA 94010 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Esther H. Palmer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address Pennwood Vlg. # K205 | | Transaction ID: 1985979 | |
| City State Zip Code Newtown PA 18940 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Patricia M. Papper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address One Grove Isle Drive # 1501 | | Transaction ID: 1988213 | |
| City State Zip Code Miami FL 33133 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Investment | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 852 / 1289 |
| | (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. Mr. Andrew Parks | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2712 107th Ave SE | | Transaction ID: 1976633 | |
| City State Zip Code Beaux Arts WA 98004 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Starbucks Coffee Company | Occupation VP-Merchandise | | |
| 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. Ms. Evalyn C. Parks | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 939 Village Brook Way | | Transaction ID: 1990674 | |
| City State Zip Code Columbus OH 43235 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ohio Dept. of Rehabilitation | Occupation Research Administrator | | |
| 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) C. Dr. Joan K. Parry | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 224 Hannalei Drive | | Transaction ID: 1987493 | |
| City State Zip Code Vista CA 92083 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 853 / 1289 |
| | (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. Ms. Susan V. Parsons | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 8918 Day Lilly Court | | Transaction ID: 1989749 |
| City State Zip Code Fairfax VA 22031 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer DFI International | Occupation Defense Contracting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Barbara H. Partee | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 50 Hobart Lane | | Transaction ID: 1986699 |
| City State Zip Code Amherst MA 01002 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Susan J. Passovoy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 1659 | | Transaction ID: 1979524 |
| City State Zip Code Sun Valley ID 83353 | Amount of Each Receipt this Period 1000.00 | |
| 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 ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1615.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 854 / 1289 |
| | (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. Ms. Katherine Patrick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 8744 Pedernales Trail | | Transaction ID: 1977498 |
| City State Zip Code Fort Worth TX 76118 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sabre Occupation Manager | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Susan Patricof | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 830 Park Avenue | | Transaction ID: 1987458 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Northside Cntr for Child Dev. Inc. Occupation Chairwoman | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Berniece A. Patterson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 1640 School Street, No. 100 | | Transaction ID: 1990691 |
| City State Zip Code Moraga CA 94556 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer McKenzie Patterson Occupation Owner | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 855 / 1289 |
| | <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. Ms. Debra Pearlstein | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 205 E 22Nd St Apt 6G | | Transaction ID: 1987385 | |
| City State Zip Code New York NY 10010 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Weil, Gotschal & Manges | Occupation Attorney | | |
| 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. Ms. Katherine Pearson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address PO Box 55 | | Transaction ID: 1985500 | |
| City State Zip Code Canton Center CT 06020 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Perry C. Peine | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 343 Bellaire Street | | Transaction ID: 1986258 | |
| City State Zip Code Denver CO 80220 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 856 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mr. Perry C. Peine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 343 Bellaire Street | | Transaction ID: 1988875 |
| City State Zip Code Denver CO 80220 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Karen J. Peirce | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 76 Memorial Blvd | | Transaction ID: 1976516 |
| City State Zip Code Newport RI 02840 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Accountant Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Donald C. Pelz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 3470 Carpenter Road, # 211 | | Transaction ID: 1976039 |
| City State Zip Code Ypsilanti MI 48197 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 857 / 1289 |
| | <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. Mr. Robert M. Pennoyer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 1133 Ave. of America Room 2200 | | Transaction ID: 1986119 |
| City State Zip Code New York NY 10036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Patterson Belknap Webb Tyler | 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. Mr. Joseph Pereles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 13456 Maple Ridge Court | | Transaction ID: 1978662 |
| City State Zip Code Saint Louis MO 63141 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Sandra L. Perkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 415 Wheeler Street | | Transaction ID: 1978268 |
| City State Zip Code Seattle WA 98109 | Amount of Each Receipt this Period 300.00 | |
| 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 ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 858 / 1289 |
| | <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. Dr. Blanche I. Perlman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 265 Mountainside Road | | Transaction ID: 1988877 |
| City State Zip Code Mendham NJ 07945 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Mr. Roland H. Pesch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 5513 Blue Mountain Road | | Transaction ID: 1987294 |
| City State Zip Code Wilseyville CA 95257 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Ms. Susan Blackmore Peterson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 567 New Bedford Road | | Transaction ID: 1975937 |
| City State Zip Code Rochester MA 02770 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Teal Partners anthropologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 859 / 1289 |
| | (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. Ms. Nancy Phaneuf | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 238 East Davis Blvd Suite 207 | | Transaction ID: 1985767 |
| City Tampa State FL Zip Code 33606 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Meredith Phillips | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 4127 Old Adobe Road | | Transaction ID: 1986931 |
| City Palo Alto State CA Zip Code 94306 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Editor Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Frances D. Phillips-Wingard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 8929 SW 40th Avenue | | Transaction ID: 1987320 |
| City Gainesville State FL Zip Code 32608 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Nurse Consultant Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 860 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Patricia R. Pickford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 5300 North Colonial # 102 | | Transaction ID: 1978207 | |
| City Fresno | State CA | Zip Code 93704 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: | Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Edith R. Pike | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 2861 Princeton Pike | | Transaction ID: 1988532 | |
| City Lawrenceville | State NJ | Zip Code 08648 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Princeton Univ. | Occupation Nurse Executive | Aggregate Year-to-Date ▼ 250.00 | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Ellen Pillard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 541 Sunnyside Drive | | Transaction ID: 1983989 | |
| City Reno | State NV | Zip Code 89503 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 861 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. Dean Pitchford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 1701 Queens Road | | Transaction ID: 1990302 |
| City State Zip Code Los Angeles CA 90069 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self Occupation writer | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Dr. Jacqueline H. Plumez | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 90 Beechtree Drive | | Transaction ID: 1989884 |
| City State Zip Code Larchmont NY 10538 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Psychologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Sarah Plummer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 55 Skyline Drive | | Transaction ID: 1989635 |
| City State Zip Code Chagrin Falls OH 44022 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Cleveland Clinic Occupation research technologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 862 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Mr. John P. Poertner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 1735 Alabama | | Transaction ID: 1990538 | |
| City Lawrence | State KS | Zip Code 66044 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|-------------|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. David B. Poor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 25 West 94th Street | | Transaction ID: 1989634 | |
| City New York | State NY | Zip Code 10025 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|-------------|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Carolyn A. Pope | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 309 Far Reach Road | | Transaction ID: 1976508 | |
| City Westwood | State MA | Zip Code 02090 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 863 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Paul Popenoe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 776 Tanglewood Drive | | Transaction ID: 1979129 | |
| City State Zip Code Lafayette CA 94549 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of 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. Full Name (Last, First, Middle Initial) Ms. Henrietta Poses | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address Apt. 301 4770 Fountains Drive South | | Transaction ID: 1987905 | |
| City State Zip Code Lake Worth FL 33467 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Judy C. Pote | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 533 Delancey Street | | Transaction ID: 1978404 | |
| City State Zip Code Philadelphia PA 19106 | | Amount of Each Receipt this Period 3700.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Volunteer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 3700.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4950.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 864 / 1289 |
| | <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. Mrs. Carol M. Poteat-Buchanan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 5346 Everwood Run | | Transaction ID: 1988907 |
| City State Zip Code Sarasota FL 34235 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Katherine Louise Powell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 6211 30th Ave. N.E. | | Transaction ID: 1985891 |
| City State Zip Code Seattle WA 98115 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation rn Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Katherine Louise Powell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 6211 30th Ave. N.E. | | Transaction ID: 1990023 |
| City State Zip Code Seattle WA 98115 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation rn Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 865 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Delores Pregliasco | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 427 Pennington Lane | | Transaction ID: 1979555 | |
| City State Zip Code Louisville KY 40207 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Stone Preglasco Haynes Attorney/ Partner | | | |
| 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. Mrs. Mary R. Price | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 765 10th Street | | Transaction ID: 1988934 | |
| City State Zip Code Boulder CO 80302 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Nancy Quintrell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 1280 Rosita Road | | Transaction ID: 1986426 | |
| City State Zip Code Pacifica CA 94044 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Univ. of California Molecular Biologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 866 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mr. Joel L. Rabin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 26 Roland Green | | Transaction ID: 1987201 | |
| City State Zip Code Baltimore MD 21210 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sinai Hospital | | Occupation Psychologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Joel L. Rabin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 26 Roland Green | | Transaction ID: 1996180 | |
| City State Zip Code Baltimore MD 21210 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sinai Hospital | | Occupation Psychologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Louise B. Raggio | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3561 Colgate | | Transaction ID: 1985053 | |
| City State Zip Code Dallas TX 75225 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Raggio & Raggio | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 867 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms. Patricia A. Raichle | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 29028 176th Avenue, S.E. | | Transaction ID: 1981397 |
| City State Zip Code Kent WA 98042 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Wash Education Association | Occupation Union Representative | |
| 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. Dr. Janet A Randall | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 862 Jonive Rd | | Transaction ID: 1984227 |
| City State Zip Code Sebastopol CA 95482 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer San Francisco State | Occupation Professor of Biology | |
| 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) C. Mr Robert Rands | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 157 Grove St | | Transaction ID: 1980240 |
| City State Zip Code Westwood MA 02090 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 868 / 1289 |
| | (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. Ms. Sara Ransford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1150 River Drive | | Transaction ID: 1978742 | |
| City State Zip Code Aspen CO 81611 | Amount of Each Receipt this Period 1000.00 | | |
| 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 ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Ann Trueblood Raper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 3 Gwynedd Lane | | Transaction ID: 1976839 | |
| City State Zip Code Summerfield NC 27358 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Pam Ratterman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 2612 Belknap Beach Rd | | Transaction ID: 1979566 | |
| City State Zip Code Prospect KY 40059 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 869 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Paula Reach | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 450 Beverly Drive | | Transaction ID: 1988201 |
| City State Zip Code Oxnard CA 93030 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Paula Reach | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 450 Beverly Drive | | Transaction ID: 1988582 |
| City State Zip Code Oxnard CA 93030 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Carol T Rearick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 |
| Mailing Address 6154 Sundance Trail | | Transaction ID: 1971799 |
| City State Zip Code Brighton MI 48116 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Investments | |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 870 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Pam Reed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1503 Harbor View | | Transaction ID: 1980046 | |
| City Austin | State TX | Zip Code 78746 | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Laurie Reed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 334 E Winchester Road | | Transaction ID: 1977481 | |
| City Libertyville | State IL | Zip Code 60048 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Abbott Laboratories | Occupation Research Analyst | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Martha S. Reese | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 11776 Stratford House Place Apt. 1306 | | Transaction ID: 1990931 | |
| City Reston | State VA | Zip Code 20190 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 871 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Ann W. Regan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 125 E. 13th Street, # 1408 | | Transaction ID: 1978427 | |
| City State Zip Code Chicago IL 60605 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Harris Associates, LLP | 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. Mr. Larry Regis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 663 Orange Avenue | | Transaction ID: 1977059 | |
| City State Zip Code Los Altos CA 94022 | Amount of Each Receipt this Period 250.00 | | |
| 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 ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Catherine K. Reinis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3777 Independence Avenue Apt. 15L | | Transaction ID: 1984393 | |
| City State Zip Code Bronx NY 10463 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TIAA-CREF | Occupation Human Resources Mgr. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 872 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Ms. Lisa Repka | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 899 Lois Ave | | Transaction ID: 1984347 |
| City State Zip Code Sunnyvale CA 94087 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Micro Unity Sys. Engr., Inc. | Occupation Programmer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Ann Marie Rezzonico | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 654 Lakeside Drive | | Transaction ID: 1979820 |
| City State Zip Code North Palm Beach FL 33408 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ann Marie G. Rezzonico, P.A. | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mr. David H. Rhineland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 36 Boston Hill Road | | Transaction ID: 1980407 |
| City State Zip Code Andover CT 06232 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 873 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Eleanor Rhoades | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 845 Los Robles Road | | Transaction ID: 1981209 |
| City State Zip Code Palo Alto CA 94306 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Carrie Delaney Rhodes | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 5600 NE Windermere Road | | Transaction ID: 1978284 |
| City State Zip Code Seattle WA 98105 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Fredrica Rice | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 12221 Corliss Avenue N. | | Transaction ID: 1986836 |
| City State Zip Code Seattle WA 98133 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 874 / 1289 |
| | (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. Ms. Peggy S. Rice | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 480 Park Avenue | | Transaction ID: 1975948 | |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Virginia A. Rice | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 54 Whiteoaks Circle | | Transaction ID: 1987577 | |
| City State Zip Code Bluffton SC 29910 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Secretary | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara Rice | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 712 Germantown Pike | | Transaction ID: 1990324 | |
| City State Zip Code Lafayette Hill PA 19444 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Management Consultant | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 1289
 (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)
Ms. Gwen E. Richard

Mailing Address 200 Westcott

City State Zip Code
Houston TX 77007

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

Name of Employer Occupation
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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980170

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Audrey B. Richman Kaplan

Mailing Address 3831 Turtle Creek #20E

City State Zip Code
Dallas TX 75219

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

Name of Employer Occupation
Self Investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1986986

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ms. Stephanie Ridder

Mailing Address 1490 N Poes Road

City State Zip Code
Flint Hill VA 22627

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

Name of Employer Occupation
George Wash. U Law Professor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 1976759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 876 / 1289 |
| | (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. Ms. Jane C. Rieffel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 721-A Mas Amigos | | Transaction ID: 1987470 | |
| City State Zip Code Santa Barbara CA 93105 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Heather Rindels | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 24168 Westmont Drive | | Transaction ID: 1978390 | |
| City State Zip Code Novi MI 48374 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Henry Ford Health System Fundraiser | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Milton H. Ring | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 26300 Evelyn Court | | Transaction ID: 1980245 | |
| City State Zip Code Franklin MI 48025 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 877 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Alix L. L. Ritchie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address P.O. Box 579 | | Transaction ID: 1979193 | |
| City Provincetown | State MA | Amount of Each Receipt this Period 5000.00 | |
| Zip Code 02657 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Provincetown Banner | Occupation Publisher | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. C. A. Robb | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 806 W. Entiat Avenue Apt. J | | Transaction ID: 1980792 | |
| City Kennewick | State WA | Amount of Each Receipt this Period 300.00 | |
| Zip Code 99336 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation REQUESTED | 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) C. Ms. Deborah Robbins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 26 Graystone Terrace | | Transaction ID: 1990300 | |
| City San Francisco | State CA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 94114 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self | Occupation Writer/Editor | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 878 / 1289 |
| | (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. Ms. Sandra J. Roberts | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 215 East 68th Street Apt. 4-E | | Transaction ID: 1983975 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation consultant Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Janet E. Robertson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 1001 Pine Street | | Transaction ID: 1977699 |
| City State Zip Code Boulder CO 80302 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Writer/Photographer Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Agnes C. Robinson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 1765 Fulton Street | | Transaction ID: 1980067 |
| City State Zip Code Palo Alto CA 94303 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 879 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Barbara S. Robinson

Mailing Address 2 Bratenahl Place, #15BC

City Cleveland State OH Zip Code 44108

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988161

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Toni Robinson

Mailing Address Cedar Point Farm, P.O. Box 6

City North State VA Zip Code 23128

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

Name of Employer Quinnipiac University School of Law Occupation Law 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
0 1 / 1 3 / 2 0 0 6

Transaction ID: 1980531

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Marion P. Robotti

Mailing Address P.O. Box 333

City Carmel State CA Zip Code 93921

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1979821

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 880 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Marla Davis Rodgers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 319 Dawnwood Dr | | Transaction ID: 1975670 | |
| City State Zip Code Edgewater MD 21037 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Washington Hospital Center | Occupation Healthcare Administrator | | |
| 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. Ms. Marla Davis Rodgers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 319 Dawnwood Dr | | Transaction ID: 1985849 | |
| City State Zip Code Edgewater MD 21037 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Washington Hospital Center | Occupation Healthcare Administrator | | |
| 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) C. Dr. Christine M. Rodrigue | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 8148 Wynne Avenue | | Transaction ID: 1980350 | |
| City State Zip Code Reseda CA 91335 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer California State University, Long Beach | Occupation professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 881 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jo Roebuck-Pearson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 7450 Dark Canyon Road | | Transaction ID: 1980108 |
| City State Zip Code Rapid City SD 57701 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Piper Jaffary Broker | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dr. Adrienne E. Rogers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 19 Lakeview Road | | Transaction ID: 1979131 |
| City State Zip Code Winchester MA 01890 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Boston University School of Medicine Physician | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Lois Roisman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 84 E Thetford Rd | | Transaction ID: 1976657 |
| City State Zip Code Lyme NH 03768 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 882 / 1289 |
| | (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. Ms. Susan D. Romaine | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 7 Conquest Avenue | | Transaction ID: 1987073 | |
| City State Zip Code Sullivans IS SC 29482 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Ethel G. Romm | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 531 Main Street, Apt. 317 | | Transaction ID: 1984277 | |
| City State Zip Code New York NY 10044 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Lyceum Society Chair | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Audrey Rooney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 204 Sportsman Neck Road | | Transaction ID: 1976318 | |
| City State Zip Code Queenstown MD 21658 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Artist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 883 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Susan Rose-Ackerman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 5 Killams Point Road | | Transaction ID: 1979297 |
| City State Zip Code Blanford CT 06405 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Leora Rosen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 851 Northwoods Drive | | Transaction ID: 1978425 |
| City State Zip Code Deerfield IL 60015 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Marketing Executive | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Mary Rosenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2855 SW Rutland Ter. | | Transaction ID: 1981279 |
| City State Zip Code Portland OR 97205 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 884 / 1289 |
| | (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. Ms. Lynn A. Rosenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 48 Coolidge Street | | Transaction ID: 1987503 | |
| City State Zip Code Brookline MA 02446 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Boston University Epidemiologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Linda Rosensweig | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 116 Carthage Road | | Transaction ID: 1978278 | |
| City State Zip Code Scarsdale NY 10583 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Tennis Professional | | | |
| 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) C. Ms. Helen Rosenthal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 225 West 83rd Street Apt. 4K | | Transaction ID: 1988284 | |
| City State Zip Code New York NY 10024 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation not employed community volunteer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 885 / 1289 |
| | <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. Ms. Joyce R. Rosenthal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 2741 Firethorne Avenue | | Transaction ID: 1986511 |
| City Fullerton State CA Zip Code 92835 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Dr. Wesley Rosenthal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 317 S Virginialee Road | | Transaction ID: 1981095 |
| City Bexley State OH Zip Code 43209 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Wesley Rosenthal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Dentist Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Lynne Rosenthal | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 495 Westover Road | | Transaction ID: 1978788 |
| City Stamford State CT Zip Code 06902 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Horticulturist Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 886 / 1289 |
| | (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. Ms. Ann Rosewater | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 629 Cresthill Avenue, N.E. | | Transaction ID: 1978426 | |
| City State Zip Code Atlanta GA 30306 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Carol Ross | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address One 5th Avenue #4J | | Transaction ID: 1978510 | |
| City State Zip Code New York NY 10003 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Artist Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Catherine E. Rossi-Roos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 5 Bellflower Lane | | Transaction ID: 1988911 | |
| City State Zip Code San Carlos CA 94070 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Roos Instruments Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 887 / 1289 |
| | (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. Ms. Joan Rothenberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 1575 Ashland Avenue | | Transaction ID: 1986457 | |
| City State Zip Code Evanston IL 60201 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Valerie Rowe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 300 Central Park West 29G | | Transaction ID: 1981021 | |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Fordham University Student | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Frederick Rudolph | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 234 Ide Road Box 515 | | Transaction ID: 1975954 | |
| City State Zip Code Williamstown MA 01267 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 888 / 1289 |
| | (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. Ms. Kate Rupert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 2208 Little Cloud Circle | | Transaction ID: 1977975 |
| City State Zip Code Sandy UT 84093 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Rosalie Ryan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 217 A Street NE | | Transaction ID: 1987938 |
| City State Zip Code Washington DC 20002 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Rebecca Ryan-Starks | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 238 Thornwood Road | | Transaction ID: 1976784 |
| City State Zip Code Stamford CT 06903 | Amount of Each Receipt this Period 252.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Director of Marketing | Aggregate Year-to-Date ▼ 252.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 752.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 889 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Paula L. W. Sabloff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 6 Tanglewood Circle | | Transaction ID: 1977462 |
| City State Zip Code Wallingford PA 19086 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Pennsylvania | Occupation Professor | |
| 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. Mr. Michael Alan Sacks | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 117 Woodbury Place | | Transaction ID: 1977603 |
| City State Zip Code Decatur GA 30030 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Emory University | Occupation Professor | |
| 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) C. Ms. Deborah Sagner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 293 Eisenhower Parkway Suite 260 | | Transaction ID: 1988285 |
| City State Zip Code Livingston NJ 07901 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sagner Companies | Occupation Social Worker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 890 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Deborah R. Salkind | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 245-M Mt. Hermon Road #332 | | Transaction ID: 1988966 | |
| City State Zip Code Scotts Valley CA 95066 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Charlotte D. Salomon | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3327 Sorrel Downs Court | | Transaction ID: 1984274 | |
| City State Zip Code Pleasanton CA 94588 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Self Attorney | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Jean Sampson | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 744 Oak St | | Transaction ID: 1976372 | |
| City State Zip Code Winnetka IL 60093 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Housewife | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 891 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jane P. Sandefur

Mailing Address P.O. Box 211

City Cherokee Village State AR Zip Code 72525

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2006

Transaction ID: 1975989

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Andrea Sargent

Mailing Address 1375 E Braemere Rd

City Boise State ID Zip Code 83702

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

Name of Employer Occupation Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2006

Transaction ID: 1978262

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Gaile Sarma

Mailing Address 140 Autumn Hill Road

City Princenton State NJ Zip Code 08540

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 1988496

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 892 / 1289 |
| | (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. Ms. Sarah B. Satterthwaite | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 297 Laws Brook Road | | Transaction ID: 1989968 |
| City State Zip Code Concord MA 01742 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Technical editor | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Joanna Savery | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 172 Crosslands Drive | | Transaction ID: 1979495 |
| City State Zip Code Kennet Square PA 19348 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara E Scavullo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 130 El Camino Del Mar | | Transaction ID: 1984279 |
| City State Zip Code San Francisco CA 94121 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Barbara scavullo design Occupation Interior Designer | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 893 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Susan Schaefer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 18 Colonial Road | | Transaction ID: 1978562 | |
| City State Zip Code Westport CT 06880 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Margaret M. Schaeffer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 923 Southard Street | | Transaction ID: 1977551 | |
| City State Zip Code Key West FL 33040 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Travel Tour Operator | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Grace B. Schaible | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 61560 | | Transaction ID: 1979132 | |
| City State Zip Code Fairbanks AK 99706 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 894 / 1289 |
| | <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. Ms. Georgia A. Schall | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 33 Pepper Creek Way | | Transaction ID: 1987437 |
| City State Zip Code Novato CA 94947 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Donna Schatt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1347 E. 50th Street | | Transaction ID: 1980632 |
| City State Zip Code Chicago IL 60615 | Amount of Each Receipt this Period 296.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 296.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dr. Julie Schechter | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address PO Box 424 | | Transaction ID: 1975306 |
| City State Zip Code Stow MA 01775 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Science Writer Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1296.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 895 / 1289 |
| | <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. Ms. Margaret K. Schink | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 2 Horseshoe Bnd | | Transaction ID: 1995365 | |
| City State Zip Code Portola Vally CA 94028 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Shaler Adamis Foundation Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Gregory Schmidt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 3940 Morrison Street NW | | Transaction ID: 1977918 | |
| City State Zip Code Washington DC 20015 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Anne Schneider | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2210 E Siesta Dr | | Transaction ID: 1976027 | |
| City State Zip Code Phoenix AZ 85042 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation ASU Professor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 896 / 1289 |
| | (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. Ms. Ina Schnell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address P.O. Box 9810 | | Transaction ID: 1984264 | |
| City State Zip Code Longboat Key FL 34228 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 5000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Katherine Schoenhals | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 9397 Midnight Pass Road Apt. 506 | | Transaction ID: 1987467 | |
| City State Zip Code Sarasota FL 34242 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. John Scholefield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1329 E. Brandywine Lane | | Transaction ID: 1988912 | |
| City State Zip Code Fresno CA 93720 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Physician | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 897 / 1289 |
| | <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. Mr. Robert Schor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 5464 Northumberland Street | | Transaction ID: 1975982 | |
| City State Zip Code Pittsburgh PA 15217 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Pittsburgh | Occupation Associate 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. Ms. Susan Schow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 45 Sycamore Avenue | | Transaction ID: 1989456 | |
| City State Zip Code Mill Valley CA 94941 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Jean Schulman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 11402 N 44th Street | | Transaction ID: 1981319 | |
| City State Zip Code Phoenix AZ 85028 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Arizona Medical Center | Occupation Oncologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 898 / 1289 |
| | <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. Mr. Richard A. Schumacher | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 6026 Yellow Rock Trail | | Transaction ID: 1990435 |
| City State Zip Code Dallas TX 75248 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hewlett-Packard | Occupation Engineer | |
| 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. Mr. W. Ford Schumann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 9612 E. Vereda Solana | | Transaction ID: 1989470 |
| City State Zip Code Scottsdale AZ 85255 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Ms. Sara Lee Schupf | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1021 Park Avenue | | Transaction ID: 1987447 |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 899 / 1289 |
| | (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. Miss Tracy Schuster | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 632 Estrella Place | | Transaction ID: 1976942 |
| City State Zip Code Davis CA 95616 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dr. Neena B. Schwartz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 1511 Lincoln Street | | Transaction ID: 1978206 |
| City State Zip Code Evanston IL 60201 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Professor | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Tony Schwartz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 7 Ploughmans Busch | | Transaction ID: 1979061 |
| City State Zip Code Bronx NY 10471 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 900 / 1289 |
| | <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. Ms. Rachel Schwarz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 56 Maplewood Avenue | | Transaction ID: 1987282 | |
| City State Zip Code Maplewood NJ 07040 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Pauline Burgher Schweppe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 1752 North Boulevard | | Transaction ID: 1979574 | |
| City State Zip Code Houston TX 77098 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Judith G Scott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3501 N. Summit Avenue | | Transaction ID: 1984285 | |
| City State Zip Code Shorewood WI 53211 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Investment Banker | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 901 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Michelle P. Scott

Mailing Address 575 Madison Ave
25th Floor

City State Zip Code
New York NY 10022

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

Name of Employer Prudential Financial Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987500

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Laura J Scott

Mailing Address 866 Wharfside Rd.

City State Zip Code
San Mateo CA 94404

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

Name of Employer Equinix Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2006

Transaction ID: 1976227

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Laura J Scott

Mailing Address 866 Wharfside Rd.

City State Zip Code
San Mateo CA 94404

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

Name of Employer Equinix Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980165

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 902 / 1289 |
| | (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. Ms. Dora Scott-Nichols | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1401 Bracker Drive | | Transaction ID: 1978802 | |
| City State Zip Code Houston TX 77055 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Ms. Dora Scott-Nichols | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 1401 Bracker Drive | | Transaction ID: 1990940 | |
| City State Zip Code Houston TX 77055 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Barbara J. Seaney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 2415 Sharon Oaks Drive | | Transaction ID: 1987869 | |
| City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

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| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 1289
(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)
Mr William H Seewald

Mailing Address PO Box 3310

City State Zip Code
Amarillo TX 79116

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987700

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Anne Segal

Mailing Address 8 Occom Ridge

City State Zip Code
Hanover NH 03755

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1975690

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Nina Segre

Mailing Address PO Box 34648

City State Zip Code
Philadelphia PA 19101

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

Name of Employer Occupation
Montgomery, McCracken, Walker & Rhoads
Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 1979107

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 904 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Adrea D. Seligsohn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 7183 Sandhills Place | | Transaction ID: 1988916 |
| City State Zip Code Brandenton FL 34202 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Betsey Selkowitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 262 Ocean Drive East | | Transaction ID: 1980372 |
| City State Zip Code Stamford CT 06902 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker | |
| | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Dr. Diane A. Semer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 2843 Drake Mallard Drive | | Transaction ID: 1978208 |
| City State Zip Code Grimesland NC 27837 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician | |
| | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 905 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. Donna E. Shalala | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 8565 Old Cutler Road | | Transaction ID: 1990904 | |
| City State Zip Code Coral Gables FL 33143 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University Of Miami | Occupation President | | |
| 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. Ms. Susan Shamos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 766 Monaco Pkwy | | Transaction ID: 1984573 | |
| City State Zip Code Denver CO 80220 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Requested | 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) C. Mrs. Connie Shapiro | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1000 Mason Street, # 502 | | Transaction ID: 1983969 | |
| City State Zip Code San Francisco CA 94108 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 906 / 1289 |
| | (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. Mr. Gerald Shapiro | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 4955 Corbin Avenue | | Transaction ID: 1987321 | |
| City State Zip Code Tarzana CA 91356 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Uptown Drug Co | Occupation Pharmacist | | |
| 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. Ms. Janice Sharpstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 1435 W 27th Street | | Transaction ID: 1977247 | |
| City State Zip Code Miami Beach FL 33140 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Jordan Burt LLP | Occupation Attorney | | |
| 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) C. Mrs. Joan B. Shayne | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 909 Bowring Park | | Transaction ID: 1986720 | |
| City State Zip Code Nashville TN 37215 | Amount of Each Receipt this Period 1500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 907 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Ellen Sheets | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 257 Nashoba Rd | | Transaction ID: 1975730 | |
| City State Zip Code Concord MA 01742 | | Amount of Each Receipt this Period 750.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Paula J. Shemitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 35 Sunbrook Road | | Transaction ID: 1979598 | |
| City State Zip Code Woodbridge CT 06525 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Sylvan R. Shemtz Designs Inc Director- HR | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Elizabeth J. Sherer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 96 Perrine Road | | Transaction ID: 1977169 | |
| City State Zip Code Monmouth Junction NJ 08852 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Films for the Humanities Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 908 / 1289 |
| | <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. Mrs. Rebecca Sheuerman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 23500 Cristo Rey Drive #526-H | | Transaction ID: 1981277 | |
| City State Zip Code Cupertino CA 95014 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Thelma F. Shtasel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 300 Darby Road, Apt. 2313 | | Transaction ID: 1986564 | |
| City State Zip Code Haverford PA 19041 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Dianne C. Shumaker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1501 So. Lakestone Drive | | Transaction ID: 1976442 | |
| City State Zip Code Olathe KS 66061 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Olathe Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Volunteer Chaplain Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 909 / 1289 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Dean Shupe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 10304 Gunpowder Road | | Transaction ID: 1980653 |
| City State Zip Code Florence KY 41042 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Mr. Dean Shupe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 10304 Gunpowder Road | | Transaction ID: 1988956 |
| City State Zip Code Florence KY 41042 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Mrs. Rose L. Shure | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 3750 N. Lake Shore Drive #16E | | Transaction ID: 1988209 |
| City State Zip Code Chicago IL 60613 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 910 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Ms. Carol Siddiqi | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 136 Noble Street | | Transaction ID: 1990771 | |
| City State Zip Code Kutztown PA 19530 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Yoga Practitioner | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Anita Siegenthaler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address PO Box 336 | | Transaction ID: 1985359 | |
| City State Zip Code Pt. Clyde ME 04855 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sally M. Sievers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 406 Cayuga Heights Road | | Transaction ID: 1990927 | |
| City State Zip Code Ithaca NY 14850 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wells College Occupation Teacher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 911 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Diane Silverman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 5650 S. Dorchester | | Transaction ID: 1988856 | |
| City Chicago | State IL | Amount of Each Receipt this Period 500.00 | |
| Zip Code 60637 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Urban Search | Occupation Real estate broker | | |
| 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. Dr. Gail Silverman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 9 Island Avenue, Apt. 1814 | | Transaction ID: 1986543 | |
| City Miami Beach | State FL | Amount of Each Receipt this Period 250.00 | |
| Zip Code 33139 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Psychotherapist | | |
| 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) C. Ms. Barbara Silverstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 8 Oak Tree Hollow Rd | | Transaction ID: 1978520 | |
| City West Chester | State PA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 19382 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Epotec, Inc. | Occupation Director of Communications | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 912 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Sandra Simon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 1800 NE 114th St Apt 2403 | | Transaction ID: 1977499 |
| City State Zip Code Miami FL 33181 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Homemaker | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Sandra B. Simon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 3950 Penberton Drive | | Transaction ID: 1978409 |
| City State Zip Code Ann Arbor MI 48105 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Patricia J. S. Simpson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 130 Lincoln Place | | Transaction ID: 1985655 |
| City State Zip Code Brooklyn NY 11217 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Property Owner-Manager | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 913 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Esther Sinclair | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 43 Tamalpais Ave | | Transaction ID: 1978282 |
| City State Zip Code San Anselmo CA 94960 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Glory M. Singer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 135 Desert Lakes Dr | | Transaction ID: 1976131 |
| City State Zip Code Palm Springs CA 92264 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Housewife | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Carol W. Slater | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 615 Wright Avenue | | Transaction ID: 1981098 |
| City State Zip Code Alma MI 48801 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation College Professor | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 914 / 1289 |
| | (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. Ms. Katherine G. Sluka | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 925 23rd Street | | Transaction ID: 1977968 | |
| City State Zip Code Cody WY 82414 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Ronda Small | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 110 Riverside Drive # 10E | | Transaction ID: 1979892 | |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Laura W. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 2575 Peachtree Road # 18E | | Transaction ID: 1977726 | |
| City State Zip Code Atlanta GA 30305 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 915 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Suzelle M. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 3574 Serre Road | | Transaction ID: 1988878 |
| City Malibu State CA Zip Code 90265 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Howarth & Smith Occupation Lawyer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms Laura Ann Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 3837 Camino Real | | Transaction ID: 1988917 |
| City Sarasota State FL Zip Code 34239 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ringling School of Art & Design Occupation college professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Alice W. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 513 Middle River Drive | | Transaction ID: 1990313 |
| City Ft. Lauderdale State FL Zip Code 33304 | Amount of Each Receipt this Period 211.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 211.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1461.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 916 / 1289 |
| | (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. Ms. Patricia M. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 975 County Road # 10A | | Transaction ID: 1985978 | |
| City State Zip Code Norwich NY 13815 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Bessett Health Care | Occupation President | | |
| 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. Dr. Carol Smokler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1 S. Ocean Blvd Ste. 305 | | Transaction ID: 1987424 | |
| City State Zip Code Boca Raton FL 33432 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | 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) C. Ms. Katherine Snelson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 37 West 12th Street, #125 | | Transaction ID: 1981384 | |
| City State Zip Code New York NY 10011 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Psychotherapist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 917 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Leona Sobel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 19 Quinine Hill | | Transaction ID: 1985054 |
| City State Zip Code Columbia SC 29204 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Ms. Mimi Sobel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 26600 George Zeiger Drive | | Transaction ID: 1987438 |
| City State Zip Code Beachwood OH 44122 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Ms. Beverly Solo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 5344 Shafter Avenue | | Transaction ID: 1975968 |
| City State Zip Code Oakland CA 94618 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Computer Programmer Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 918 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Sharon M. Solomon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 404 Durant Way | | Transaction ID: 1990920 | |
| City State Zip Code Mill Valley CA 94941 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Pillsbury, Madison & Sutro | Occupation Attorney | | |
| 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. Ms. Deborah A. Sorondo | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 21 Mountain View Avenue | | Transaction ID: 1989461 | |
| City State Zip Code Mill Valley CA 94941 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sierra Club | Occupation Executive | | |
| 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) C. Ms. Lucile L. Spencer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1920 Virginia Avenue Apt 1002 | | Transaction ID: 1976593 | |
| City State Zip Code Fort Myers FL 33901 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 919 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Ms. Helen Spiro

Mailing Address 88 Adams Dr

City State Zip Code
Princeton NJ 08540

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

Name of Employer 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
0 1 / 0 3 / 2 0 0 6

Transaction ID: 1977534

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ms. Silda Wall Spitzer

Mailing Address 985 5th Avenue

City State Zip Code
New York NY 10021

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

Name of Employer 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990414

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Kent Spriggs

Mailing Address 324 W College Avenue

City State Zip Code
Tallahassee FL 32301

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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987635

Amount of Each Receipt this Period
1000.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 920 / 1289 |
| | (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. Dr. Merle Sprinzen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 67 Riverside Drive, # 9C | | Transaction ID: 1986751 | |
| City State Zip Code New York NY 10024 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation KPMG Marketing | | | |
| 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. Dr. Deanna M. St. Germain | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address P.O. Box 67 | | Transaction ID: 1980317 | |
| City State Zip Code Anna IL 62906 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Rural Health, Inc Physician | | | |
| 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) C. Ms. Betty Jean Stallings | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 651 Sinex #L-116 | | Transaction ID: 1984266 | |
| City State Zip Code Pacific Grove CA 93950 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 921 / 1289 |
| | <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

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Barbara Stampf | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 2435 Jonila Avenue | | Transaction ID: 1988918 | |
| City Lakeland | State FL | Amount of Each Receipt this Period 2500.00 | |
| Zip Code 33803 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Bartow Public Library | Occupation Librarian | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Alida Butler Stange | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 69 Chestnut St. | | Transaction ID: 1988600 | |
| City Boston | State MA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 02108 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert L. Stanley | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address PO Box 1241 | | Transaction ID: 1978269 | |
| City Allyn | State WA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 98524 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 922 / 1289
(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)
Ms. Martha Steele

Mailing Address 3300 Darby Road, Apt. 7221

City State Zip Code
Haverford PA 19041

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988034

Amount of Each Receipt this Period
250.00

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

Mailing Address 4209 Harbor Road

City State Zip Code
Shelburne VT 05482

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

Name of Employer Occupation
Self Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: 1978831

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Steele

Mailing Address 4209 Harbor Road

City State Zip Code
Shelburne VT 05482

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

Name of Employer Occupation
Self Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988210

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 923 / 1289 |
| | (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. Ms. Leslie A. Steen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 3001 Veazey Terrace, NW # 1610 | | Transaction ID: 1984965 |
| City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Community Preservation and Development | Occupation management | |
| 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. Ms. Georgia Phelps Steiger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 604 Fountainhead 2131 Lakeview Drive | | Transaction ID: 1979803 |
| City State Zip Code Sebring FL 33870 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | 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) C. Mrs. John Steiner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 1713 Miralinda Drive | | Transaction ID: 1977156 |
| City State Zip Code Rosemead CA 91770 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 924 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. Paul M. Steiner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 2114 N. 9th Avenue | | Transaction ID: 1987312 |
| City State Zip Code Phoenix AZ 85007 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Marion P. Steininger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 1070 Pendleton Court | | Transaction ID: 1979127 |
| City State Zip Code Voorhees NJ 08043 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | |
| Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Gail R. Stephens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 4 Santa Lucia | | Transaction ID: 1989454 |
| City State Zip Code Orinda CA 94563 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Psychologist | |
| Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 925 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Lorna A. Stern | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address PO Box 80783 | | Transaction ID: 1990110 | |
| City Seattle | State WA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 98108 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Pioneer Van Lines, Inc. | Occupation Executive | | |
| 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. Mr. Saul Sternberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 2106 Lombard Street | | Transaction ID: 1975469 | |
| City Philadelphia | State PA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 19146 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer U of PA | Occupation Professor | | |
| 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) C. Mrs. Elizabeth Stevens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 3050 Avon Lane, NW | | Transaction ID: 1988249 | |
| City Washington | State DC | Amount of Each Receipt this Period 2450.00 | |
| Zip Code 20007 | | | |
| 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 ▼ 5000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3700.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 926 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Mrs. Elizabeth Stevens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 3050 Avon Lane, NW | | Transaction ID: 1989905 | |
| City State Zip Code Washington DC 20007 | Amount of Each Receipt this Period 2550.00 | | |
| 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 ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Kim Stevens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 384 Redondo Beach Apartment #305 | | Transaction ID: 1980562 | |
| City State Zip Code Long Beach CA 90814 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Compton Unified School D | Occupation Teacher | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Kathy C. Stevens | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 83 Academy Road | | Transaction ID: 1981069 | |
| City State Zip Code North Andover MA 01845 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 927 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Janet E. Stewart | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 509 West Military Avenue | | Transaction ID: 1987451 | |
| City State Zip Code Fremont NE 68025 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ceres Administrators | Occupation Attorney | | |
| 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. Mr. Ian E. Stockdale | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 601 Forest Avenue | | Transaction ID: 1987934 | |
| City State Zip Code Palo Alto CA 94301 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Inktomi Corporation | Occupation Software 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) C. Dr. Jessie I. Stoddart | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 78893 Golden Reed Drive | | Transaction ID: 1980342 | |
| City State Zip Code Palm Desert CA 92211 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 928 / 1289 |
| | <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. Ms. Sybil W. Stoller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 1100 Rivas Canyon | | Transaction ID: 1989925 | |
| City State Zip Code Pacific Palisades CA 90272 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Michele W. Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 10 Edgewater Drive # 6C | | Transaction ID: 1979822 | |
| City State Zip Code Coral Gables FL 33133 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Linda K. Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 1509 Dickinson Road | | Transaction ID: 1985766 | |
| City State Zip Code Havertown PA 19083 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Actuary Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 929 / 1289 |
| | (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. Ms. Natalie G. Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 170 North Ocean Boulevard | | Transaction ID: 1975953 |
| City State Zip Code Palm Beach FL 33480 | Amount of Each Receipt this Period 296.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 296.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Tracy Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 2041 Blake Ave | | Transaction ID: 1978249 |
| City State Zip Code Los Angeles CA 90039 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Architect Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Virginia W. Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 25713 Hatton Road | | Transaction ID: 1986985 |
| City State Zip Code Carmel CA 93923 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1546.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 930 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Judith Parker Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 420 Crowell Road | | Transaction ID: 1979109 | |
| City State Zip Code Contoocook NH 03229 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation SAU 24 Teacher | | | |
| 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. Mr. Ralph J. Stone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 80 Lincoln Avenue | | Transaction ID: 1975746 | |
| City State Zip Code Florham Park NJ 07932 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) C. Ms. Lee Stookey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 42 North Street | | Transaction ID: 1986516 | |
| City State Zip Code Brattleboro VT 05301 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 931 / 1289 |
| | (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. Ms. Pamela Story | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 3475 Lovall Valley Rd | | Transaction ID: 1980402 | |
| City State Zip Code Sonoma CA 95476 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Photographic Artist | | |
| 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. Ms. Kay Stout | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 43671 S. Acres Road | | Transaction ID: 1987121 | |
| City State Zip Code Caldwell OH 43724 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Dr. Barbara S. Stowe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 11507 Woodstock Way | | Transaction ID: 1979187 | |
| City State Zip Code Reston VA 20194 | Amount of Each Receipt this Period 850.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 932 / 1289 |
| | (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. Dr. Barbara S. Stowe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 11507 Woodstock Way | | Transaction ID: 1995370 | |
| City State Zip Code Reston VA 20194 | Amount of Each Receipt this Period 1650.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 2500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Fleur L. Strand | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address PO Box 6359 | | Transaction ID: 1978509 | |
| City State Zip Code Snowmass Village CO 81615 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Professor Emerita Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Elizabeth O. Strang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address Victoria Commons #223-225 610 Town Bank Road | | Transaction ID: 1986122 | |
| City State Zip Code Cape May NJ 08204 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 3650.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 933 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Lynn G. Straus | | Date of Receipt MM / DD / YYYY 01 / 27 / 2006 |
| Mailing Address 1037 Constable Drive South | | Transaction ID: 1995363 |
| City Mamaroneck | State NY | Zip Code 10543 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 5000.00 | |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Nellie B. Strickland | | Date of Receipt MM / DD / YYYY 01 / 25 / 2006 |
| Mailing Address 203 Yoakum Pkwy Apt. 614 | | Transaction ID: 1988811 |
| City Alexandria | State VA | Zip Code 22304 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer | 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) C. Ms. Kathryn Strong | | Date of Receipt MM / DD / YYYY 01 / 26 / 2006 |
| Mailing Address 219 37th Avenue E. | | Transaction ID: 1989509 |
| City Seattle | State WA | Zip Code 98112 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 934 / 1289 |
| | (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) A. Mr. Evan Sturza | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 331 W. 84th Street, Apt. 3 | | Transaction ID: 1977490 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | 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. Ms. Karen Sundback | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 21 Kenmore Road | | Transaction ID: 1976692 |
| City State Zip Code Bloomfield CT 06002 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Lynn Susholtz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3505 28th | | Transaction ID: 1980288 |
| City State Zip Code San Diego CA 92104 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 935 / 1289 |
| | (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. Ms. Lucille H. Sutton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address PHN 1040 Greenwich Street | | Transaction ID: 1981276 | |
| City State Zip Code San Francisco CA 94133 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer McGraw Hill | Occupation Editor | | |
| 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. Ms. Judith K. Swayne | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 402 High Dr | | Transaction ID: 1977405 | |
| City State Zip Code Laguna Beach CA 92651 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Janet Switzer, Ph.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 4444 Via Pinzon | | Transaction ID: 1985765 | |
| City State Zip Code PalosVerdesEstates CA 90274 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 936 / 1289 |
| | <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. Ms. Rae Ellen Syverson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address W-2756 Poplar Road | | Transaction ID: 1987077 |
| City State Zip Code Fond du Lac WI 54935 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Discovery Bay Assoc. | Occupation Research 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. Ms. Jean Szilva | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 48 Lafountain Street | | Transaction ID: 1979085 |
| City State Zip Code Winooski VT 05404 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer U of VT | Occupation Teacher | |
| 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) C. Ms. Tama L. Taub | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 211 Linnie Canal | | Transaction ID: 1979668 |
| City State Zip Code Venice CA 90291 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Early Years School | Occupation Early Childhood Education | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 937 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Mr. Robert O. Taylor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1108 Riviera Drive | | Transaction ID: 1975853 |
| City State Zip Code Norman OK 73072 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Mr. Dwight W. Taylor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 5532 | | Transaction ID: 1978508 |
| City State Zip Code Eugene OR 97405 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Judith Teller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 102 NE 2nd St. #390 | | Transaction ID: 1987495 |
| City State Zip Code Boca Raton FL 33432 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 250.00 | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 938 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Judy E. Tenney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 845 Forest Avenue | | Transaction ID: 1980434 |
| City Rye State NY Zip Code 10580 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Ms. Patrice Thabault | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 67 Bittersweet Lane | | Transaction ID: 1977205 |
| City Burlington State VT Zip Code 05401 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Home Instead Service Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Owner Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Jean Thieme | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 3565 Hollansburg Sampson Rd | | Transaction ID: 1988169 |
| City Greenville State OH Zip Code 45331 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 939 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mr. Edward D. Thomas | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 757 Cherry Valley Road | | Transaction ID: 1978402 |
| City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Ms. Marion M. Thompson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 44 Pembroke Drive | | Transaction ID: 1979122 |
| City State Zip Code Mendham NJ 07945 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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) C. Dr. Kim Marie Thorburn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address West 8121 Rutter Parkway | | Transaction ID: 1978632 |
| City State Zip Code Spokane WA 99208 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation State of Hawaii Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 940 / 1289 |
| | <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. Ms. Rose Z. Thorman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address PO Box 4312 | | Transaction ID: 1985975 | |
| City Annapolis | State MD | Zip Code 21403 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Mary Ann Throne | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 720 E 19th St | | Transaction ID: 1978535 | |
| City Cheyenne | State WY | Zip Code 82001 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Hickoy, Malloy, Evans & Walker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|--|--------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Amy Tick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 1025 West Place | | Transaction ID: 1989915 | |
| City Albany | State CA | Zip Code 94706 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Terris, Barnes, & Walters Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Business Manager | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 941 / 1289 |
| | (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. Ms. Karline K. Tierney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 717 Maiden Choice Lane Suite T03 | | Transaction ID: 1987492 |
| City State Zip Code Catonsville MD 21228 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 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. Ms. Lysbeth Toribio | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 2690 Liberty Street | | Transaction ID: 1976470 |
| City State Zip Code North Bend OR 97459 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Marjorie Traub | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 2760 Vallejo Street | | Transaction ID: 1988199 |
| City State Zip Code San Francisco CA 94123 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 942 / 1289 | | | | | | |
| | (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 |

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. Mrs. Barbara Troetel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 80 Parkway W. | | Transaction ID: 1975452 | |
| City State Zip Code Mount Vernon NY 10552 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Student Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Jo Anne J. Trow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1835 N.W. Juniper Place | | Transaction ID: 1979900 | |
| City State Zip Code Corvallis OR 97330 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Jeanne C. Turner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1490 Via Isola | | Transaction ID: 1976042 | |
| City State Zip Code Monterey CA 93940 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 943 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Nancy Turner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 165 Bryant Drive | | Transaction ID: 1989462 | |
| City State Zip Code Sarasota FL 34236 | | Amount of Each Receipt this Period 1000.00 | |
| 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 ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Janice Turner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 427 Appian Way | | Transaction ID: 1980474 | |
| City State Zip Code Ventura CA 93003 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Kinko's Occupation Office Manager | | | |
| 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) C. Mrs. Joan Tweedy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 34 Pasture Lane | | Transaction ID: 1975457 | |
| City State Zip Code Darien CT 06820 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 944 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Ms. Lynde B. Uihlein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 205 E. Wisconsin Suite 200 | | Transaction ID: 1987454 | |
| City Milwaukee | State WI | Zip Code 53202 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Margaret Y. Ullman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 4700 Connecticut Avenue, NW Apt. 506 | | Transaction ID: 1987504 | |
| City Washington | State DC | Zip Code 20008 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Wendla Underhill | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 300 Arapahoe Avenue | | Transaction ID: 1979721 | |
| City Boulder | State CO | Zip Code 80302 | Amount of Each Receipt this Period 800.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 945 / 1289 |
| | <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. Ms. Nancy G. Unobskey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 2770 Green Street | | Transaction ID: 1986132 | |
| City State Zip Code San Francisco CA 94123 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Patients' Assistance Foundation | | Occupation Clinical Social Worker | |
| 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. Ms. Joann Urofsky | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 17624 Nathans Drive | | Transaction ID: 1988961 | |
| City State Zip Code Tampa FL 33647 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer USF | | Occupation public broadcasting manager | |
| 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) C. Ms. Shirley Valk | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 142 Birdsong Way | | Transaction ID: 1989486 | |
| City State Zip Code Hilton Head Island SC 29926 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | | Occupation Interior Designer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 946 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dr. William L. Van Auken

Mailing Address 2603 Plumcreek Circ

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2006

Transaction ID: 1990901

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Valerie Vandankelleher

Mailing Address 100 Spalding Ridge Way

City State Zip Code
Atlanta GA 30350

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

Name of Employer Occupation
Jewish Family Center Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987482

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Jennifer Vandenberg

Mailing Address 11 Woodmill Road

City State Zip Code
Chappaqua NY 10514

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

Name of Employer Occupation
Salomon Smith Barney Legal Banking

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1984540

Amount of Each Receipt this Period
300.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 947 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Jane Vandeventer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 |
| Mailing Address 101 Fox Hunt Pt. | | Transaction ID: 1978344 |
| City State Zip Code Nashville TN 37221 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer U.S. Govt. | Occupation Attorney | |
| 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. Ms. Carlene VanVoorhies | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 365 N. Berkshire Road | | Transaction ID: 1987929 |
| City State Zip Code Bloomfield Hills MI 48302 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Henry Ford Health System | Occupation Training Specialist | |
| 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) C. Mrs. V. G. Vartan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 |
| Mailing Address 14 Sutton Place, South | | Transaction ID: 1985731 |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Editor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 206.00 | |

| | |
|--|--------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 / 1289
(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)
Mrs. V. G. Vartan

Mailing Address 14 Sutton Place, South

City State Zip Code
New York NY 10022

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

Name of Employer Self Occupation
Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

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

Transaction ID: 1986381

Amount of Each Receipt this Period
106.00

B. Full Name (Last, First, Middle Initial)
Ms. Denise Venturi

Mailing Address 4236 Main Street

City State Zip Code
Philadelphia PA 19127

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

Name of Employer Self Occupation
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
0 1 / 1 0 / 2 0 0 6

Transaction ID: 1979299

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Lydia Villa-Komaroff

Mailing Address 224 Allandale Rd Apt B

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Whitehead Institute Occupation
VP of Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990941

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1406.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 949 / 1289 |
| | (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. Ms. Estelle H. Voeller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1365 Tolman Creek Road | | Transaction ID: 1977047 | |
| City State Zip Code Ashland OR 97520 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer none Occupation Caregiver | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Judith B. Wagner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 4850 S. Dahlia Suite 240 | | Transaction ID: 1990441 | |
| City State Zip Code Littleton CO 80121 | Amount of Each Receipt this Period 3000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer WIMINC Occupation CEO | Aggregate Year-to-Date ▼ 3000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Joan D. Wagnon, Jr. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 4036 NE Kimball Road | | Transaction ID: 1975654 | |
| City State Zip Code Topeka KS 66617 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Kansas Occupation Secretary of Revenue | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 950 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Donna Wainwright | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 27 Edward Drive | | Transaction ID: 1989498 | |
| City Winchester | State MA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 01890 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Nancy P. Wakefield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 13385 Timber Park Drive | | Transaction ID: 1989068 | |
| City Platte City | State MO | Amount of Each Receipt this Period 250.00 | |
| Zip Code 64079 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Florence Waldman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 950 Warner Drive | | Transaction ID: 1990362 | |
| City Huntingtown | State MD | Amount of Each Receipt this Period 350.00 | |
| Zip Code 20639 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 350.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 951 / 1289 |
| | <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. Mrs. Cheryl W. Walker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 2120 Harbourside Drive, # 645 | | Transaction ID: 1978690 | |
| City State Zip Code Longboat Key FL 34228 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Watson & Walker, Inc. | 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. Ms. Ann Wallace | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 29 Pinckney Street | | Transaction ID: 1980650 | |
| City State Zip Code Boston MA 02114 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation consultant | | |
| 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) C. Ms. Jane Walling | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address PO Box 537 | | Transaction ID: 1987731 | |
| City State Zip Code Jaffrey NH 03452 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 952 / 1289 |
| | <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. Ms. Ada Walters | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 5124 Greenway Cv | | Transaction ID: 1989719 | |
| City State Zip Code Memphis TN 38117 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Li-Hsia Wang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 3030 Deakin Street | | Transaction ID: 1979519 | |
| City State Zip Code Berkeley CA 94705 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Physician | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Joan Melber Warburg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 216 John Street | | Transaction ID: 1990902 | |
| City State Zip Code Greenwich CT 06831 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Philanthropist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 953 / 1289 |
| | (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) A. Ms. Elizabeth B. Wareing | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 3614 Piping Rock Lane | | Transaction ID: 1988319 | |
| City State Zip Code Houston TX 77027 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Kinkaid School | Occupation Middle School Counselor | | |
| 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. Ms. Ada W. Warner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 7 Roberts Road | | Transaction ID: 1979552 | |
| City State Zip Code Newtown Sq PA 19073 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | 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) C. Ms. Edith Warner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address PO Box 186 | | Transaction ID: 1976488 | |
| City State Zip Code Free Union VA 22940 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 954 / 1289 | | | | | | |
| | (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 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Chris Waterman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 158 Pelham Hill Road | | Transaction ID: 1980926 | |
| City State Zip Code Shutesbury MA 01072 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Social Security Administration | Occupation claims | | |
| 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. Ms. Porter Watkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 20 Westwind Road | | Transaction ID: 1977951 | |
| City State Zip Code Louisville KY 40207 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Giana Wayman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address Interlink 102 P.O. Box 526770 | | Transaction ID: 1989825 | |
| City State Zip Code Miami FL 33152 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 955 / 1289 |
| | (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. E. J. Wegstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 6346 Escallonia Drive | | Transaction ID: 1976817 | |
| City State Zip Code Newark CA 94560 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Peter Weinberger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 39 Pelican Court | | Transaction ID: 1981056 | |
| City State Zip Code Syosset NY 11791 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Renaissance Tech. Programmer | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Elizabeth S. Weiner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 38 Teatown Road | | Transaction ID: 1986427 | |
| City State Zip Code Croton-on-Hudso NY 10520 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Town of New Castle Public Information Specialist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 956 / 1289 |
| | (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. Mr. Alan Weiner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address PO Box 4763 | | Transaction ID: 1977769 | |
| City Rollingbay | State WA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 98061 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Yale Universitiy | Occupation Teacher | | |
| 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. Ms. Sharon Weingarten | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 2032 Meadowview Ct | | Transaction ID: 1986468 | |
| City Northbrook | State IL | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 60062 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self | Occupation Social Worker | | |
| 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) C. Mr. Eric Holder Weinmann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 4246 50th Street NW | | Transaction ID: 1978826 | |
| City Washington | State DC | Amount of Each Receipt this Period 500.00 | |
| Zip Code 20016 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 957 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Phyllis H. Weisberg

Mailing Address 34 Princes Pine Road

City State Zip Code
Norwalk CT 06850

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

Name of Employer Occupation
Kurzman Karelsen & Frank, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989472

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Irene R. Weiss

Mailing Address 200 E. Southern Avenue

City State Zip Code
Apache Jct. AZ 85219

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2006

Transaction ID: 1977981

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Jody R Weiss

Mailing Address 350 Third Avenue #351

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Wisdom Says Fund Raising

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2006

Transaction ID: 1996711

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 958 / 1289 |
| | (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. Mr. Jesse Weiss | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 40 East 78th Street # 7D | | Transaction ID: 1986544 |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Amy Weiss | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 |
| Mailing Address 84 Perry Street | | Transaction ID: 1976126 |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Writers House Agent | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Christine Wendt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 3005 E. Hawthorne Street | | Transaction ID: 1980812 |
| City State Zip Code Tuscon AZ 85716 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Long Realty Exec. | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 959 / 1289 |
| | (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. Full Name (Last, First, Middle Initial)
Ms. Chiye Wenkam

Mailing Address 4892 Kilauea Avenue, Apt. 2

City Honolulu State HI Zip Code 96816

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 ▼
1500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1986126

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Eugenie Werbel

Mailing Address 2608A Peter Street

City Honolulu State HI Zip Code 96816

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

Name of Employer 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 |
| 0 | 1 | / | 0 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1978403

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert C. West

Mailing Address 305 Nautilus Drive

City Madison State WI Zip Code 53705

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

Name of Employer professor Occupation Univ. of Wisconsin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1986634

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 960 / 1289 |
| | (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) A. Ms. Ann West | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 788 Pepper Drive | | Transaction ID: 1988202 | |
| City State Zip Code San Bruno CA 94066 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| 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) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Margaret Weymouth | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 | |
| Mailing Address 29 Water Street | | Transaction ID: 1985998 | |
| City State Zip Code Hingham MA 02043 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | 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) C. Ms. Susan White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 12 Blanchard Road | | Transaction ID: 1977644 | |
| City State Zip Code Cambridge MA 02138 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 961 / 1289 |
| | (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. Mr. Richard A. White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 402 Workman Lane | | Transaction ID: 1977226 | |
| City State Zip Code Bellefonte PA 16823 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Mary Elizabeth White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 4461 Stack Blvd E 130 | | Transaction ID: 1980940 | |
| City State Zip Code Melbourne FL 32901 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Carolyn White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 540 S Highland Avenue | | Transaction ID: 1980207 | |
| City State Zip Code Arlington Hts IL 60005 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 962 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Ms. Dorothy G. White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 6100 Westchester Park Drive Apt. 1417 | | Transaction ID: 1988666 |
| City State Zip Code College Park MD 20740 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation CPA Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Stephanie Whitehurst | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2703 Westlake Drive | | Transaction ID: 1989934 |
| City State Zip Code Austin TX 78746 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Jane White-Lewis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 29 Broad Street | | Transaction ID: 1979479 |
| City State Zip Code Guilford CT 06437 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Psychologist Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 963 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Judith Wiesberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4852 Marlborough Drive | | Transaction ID: 1984284 | |
| City State Zip Code San Diego CA 92116 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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. Mr. Colburn S. Wilbur | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 300 2nd Street # 200 | | Transaction ID: 1988395 | |
| City State Zip Code Los Altos CA 94022 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | David & Lucille Parkard Fndtn Executive Director Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Katharine B. Wilcox | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 5719 31st Avenue NE | | Transaction ID: 1976107 | |
| City State Zip Code Seattle WA 98105 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | King County, WA Sr Depty Prosecutor Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 964 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. Jean Wildberg | | Date of Receipt MM / DD / YYYY 01 / 10 / 2006 |
| Mailing Address 2728 Union St. | | Transaction ID: 1979516 |
| City San Francisco | State CA | Zip Code 94123 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer self Occupation Psychologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Teresa L Wilde | | Date of Receipt MM / DD / YYYY 01 / 11 / 2006 |
| Mailing Address 4847 Alminar Avenue | | Transaction ID: 1978152 |
| City La Canada | State CA | Zip Code 91011 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Bank of America Occupation Banker | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Jean M. Wilkins | | Date of Receipt MM / DD / YYYY 01 / 09 / 2006 |
| Mailing Address 2817 Jermantown Rd Apt 609 | | Transaction ID: 1976028 |
| City Oakton | State VA | Zip Code 22124 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 300.00 | |
| Name of Employer Hospice Of No. VA Occupation R.N. | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 965 / 1289 |
| | <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. Ms. Virginia Willcox | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 56 Marvin Avenue | | Transaction ID: 1988204 | |
| City State Zip Code Los Altos CA 94022 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Artist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Mary B. Williams | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 | |
| Mailing Address 205 S Bethel Street | | Transaction ID: 1978068 | |
| City State Zip Code Thomaston GA 30286 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer University of Delaware Occupation Professor | 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) C. T. Walley Williams, III | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 | |
| Mailing Address 71 Orchard Street | | Transaction ID: 1977762 | |
| City State Zip Code Belmont MA 02478 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 966 / 1289 |
| | (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. Ms. Darla F. Wilson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 2534 Berwyn Road | | Transaction ID: 1979550 | |
| City Wilmington | State DE | Zip Code 19810 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AstraZeneca Pharmaceutica- ls | Occupation Human Resources | | |
| 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. Ms. Regina Wilson Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 227 West Lakeshore Drive | | Transaction ID: 1981241 | |
| City Rome | State GA | Zip Code 30161 | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Susan D. Wiltshire | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 77 Fox Run Road | | Transaction ID: 1976951 | |
| City S. Hamilton | State MA | Zip Code 01982 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 967 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Ann Winder | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 76 Apache Drive | | Transaction ID: 1984286 | |
| City Kerrville | State TX | Zip Code 78028 | Amount of Each Receipt this Period 500.00 |
| 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. Full Name (Last, First, Middle Initial) Ms. Alice Wingwall | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 2717 Russell Street | | Transaction ID: 1989611 | |
| City Berkeley | State CA | Zip Code 94705 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Photographer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Laura P. Winslow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 | |
| Mailing Address 842 Tanglewood Drive | | Transaction ID: 1987367 | |
| City Lafayette | State CA | Zip Code 94549 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 968 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Barbara Winston | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address 2219 Del Monte | | Transaction ID: 1989923 | |
| City State Zip Code Houston TX 77019 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Homemaker Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Alice I. Wiren | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 4250 NE 88th Street | | Transaction ID: 1990903 | |
| City State Zip Code Seattle WA 98115 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|--|--|---|--|
| C. Full Name (Last, First, Middle Initial) Miss. Patricia H. Wittie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 | |
| Mailing Address 3847 Macomb Street, NW | | Transaction ID: 1986756 | |
| City State Zip Code Washington DC 20016 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Oldaker Biden & Belair, LLP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Lawyer Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 6250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 969 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Mary L. Wolff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 825 10th Street | | Transaction ID: 1986704 |
| City State Zip Code Boulder CO 80302 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Valerie A. Woodruff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 146 Countryside Lane | | Transaction ID: 1988662 |
| City State Zip Code Bear DE 19701 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Sue Wrenn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 7319 Desert Ridge Gln | | Transaction ID: 1989612 |
| City State Zip Code Bradenton FL 34202 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Civic Volunteer Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 1289
(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)
Ms. Susan DeBevoise Wright

Mailing Address 1 Tuck Drive

City State Zip Code
Hanover NH 03755

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

Name of Employer Occupation
Dartmouth College Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1990942

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Joan Yaffe

Mailing Address 12911 Trailwood Road

City State Zip Code
Austin TX 78727

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

Name of Employer Occupation
Samsung Austin Sericonduct- or Corporate Trainer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1985279

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sophia Yen

Mailing Address 222 Parnassus Avenue # F

City State Zip Code
San Francisco CA 94117

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

Name of Employer Occupation
Self Pediatrician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1984267

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

TOTAL This Period (last page this line number only) ►

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

| | | |
|--|--|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 971 / 1289 |
| | <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. Ms. Vickie W. York | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 50 West Avenue | | Transaction ID: 1976816 | |
| City State Zip Code Ocean View DE 19970 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Justine Zang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 609 Diamond Street | | Transaction ID: 1987581 | |
| City State Zip Code San Francisco CA 94114 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Accenture Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Justine Zang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 609 Diamond Street | | Transaction ID: 1988978 | |
| City State Zip Code San Francisco CA 94114 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Accenture Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Consultant Aggregate Year-to-Date ▼ 350.00 | | |

| | |
|--|--------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 / 1289
(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)
Ms. Danell Sher Zeavin

Mailing Address 22 Banbury Drive

City State Zip Code
San Francisco CA 94132

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

Name of Employer 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
0 1 / 0 5 / 2 0 0 6

Transaction ID: 1978264

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Ruth B. Ziegler

Mailing Address 1018 Montego Drive

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 1985991

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Alfred G. Zielske

Mailing Address 2282 Via Espada

City State Zip Code
Pleasanton CA 94566

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
296.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990713

Amount of Each Receipt this Period
296.00

SUBTOTAL of Receipts This Page (optional) ► **1046.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 973 / 1289 |
| | (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. Full Name (Last, First, Middle Initial) Ms. Judith Zimmerman Mailing Address 235 W. Swissvale Avenue City State Zip Code Pittsburgh PA 15218 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 Transaction ID: 1986718 Amount of Each Receipt this Period 250.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Amicie Sade Zimmerman Mailing Address 40 Wooldtown Road City State Zip Code Wernersville PA 19565 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: 1990396 Amount of Each Receipt this Period 250.00 |
| Name of Employer Home Health Care Mgt Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation VP Human Resource Facil Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Robert L. Zinn Mailing Address 5319 Braesheather Drive City State Zip Code Houston TX 77096 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: 1990079 Amount of Each Receipt this Period 250.00 |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 974 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Suzanne T. Zorn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 11 Portland Court | | Transaction ID: 1979548 | |
| City State Zip Code St. Louis MO 63108 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Arline Zuckerman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 11315 Victoria Avenue | | Transaction ID: 1979282 | |
| City State Zip Code Los Angeles CA 90066 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Ami Zusman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 5849 Colton Blvd. | | Transaction ID: 1979722 | |
| City State Zip Code Oakland CA 94611 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Policy Analyst | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 975 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Phyllis Rifield

Mailing Address 201 E 17th Street, Apt. 6E

City State Zip Code
New York NY 10003

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978112

Amount of Each Receipt this Period
36.00

Allyson Schwartz Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Sylvia Ashby

Mailing Address 2711 24th Street

City State Zip Code
Lubbock TX 79410

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987795

Amount of Each Receipt this Period
15.00

Allyson Schwartz Earmark Contributions

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

Mailing Address PO Box 1247

City State Zip Code
Tenino WA 98589

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989356

Amount of Each Receipt this Period
25.00

Amy Klobuchar Earmark Contributions

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 76.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 976 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Annette Gellert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 93 West Shore Road | | Transaction ID: 1987780 | |
| City State Zip Code Belvedere CA 94920 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer none Occupation Homemaker | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Norma J. Sommerdorf | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 111 Kellogg Blvd E Apt 2911 | | Transaction ID: 1978091 | |
| City State Zip Code Saint Paul MN 55101 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara Shipnuck | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 2602 E. 20th Street, Unit 203 | | Transaction ID: 1978109 | |
| City State Zip Code Signal Hill CA 90755 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 977 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marie Buckey

Mailing Address 881 Thomas Avenue, Apt. 4

City State Zip Code
San Diego CA 92109

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978100

Amount of Each Receipt this Period
100.00

Amy Klobuchar Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Andrea Schussler

Mailing Address 2425 Black Lake Road

City State Zip Code
Spring Park MN 55384

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978116

Amount of Each Receipt this Period
25.00

Amy Klobuchar Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Vera H. Sable

Mailing Address 680 Range View Trail

City State Zip Code
Golden CO 80401

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978084

Amount of Each Receipt this Period
25.00

Amy Klobuchar Earmark Contributions

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 978 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. J. Goldstein

Mailing Address 312 Windsor Drive

City State Zip Code
Iowa City IA 52245

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987778

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Victoria Henriksen

Mailing Address 2002 E. 4th Street

City State Zip Code
Duluth MN 55812

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978094

Amount of Each Receipt this Period
10.00

Amy Klobuchar Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Meryl Nannis

Mailing Address 9 Bacon Road

City State Zip Code
Framingham MA 01701

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978118

Amount of Each Receipt this Period
25.00

Amy Klobuchar Earmark Contributions

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 85.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 979 / 1289
(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)
Ms. Carol Flint

Mailing Address 220 18th Street

City State Zip Code
Santa Monica CA 90402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bodger Seeds Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987772

Amount of Each Receipt this Period
100.00

Amy Klobuchar Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Dixie Grace

Mailing Address 1306 Wynridge Drive

City State Zip Code
Saint Paul MN 55112

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1989362

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Helen V. Kossler

Mailing Address 614 Home Avenue

City State Zip Code
Oak Park IL 60304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987848

Amount of Each Receipt this Period
20.00

Amy Klobuchar Earmark Contributions

| | |
|--|--|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 980 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. Ms. Rachel Goldman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 11 Charlton Street Apt. 3A | | Transaction ID: 1989355 | |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Earmark Contributions | | |
| Name of Employer Occupation NYC Law Dept. Attorney | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Truby LaGarde | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 15 East Third Street | | Transaction ID: 1978086 | |
| City State Zip Code Frederick MD 21701 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Donna Pearlman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 26100 York Road | | Transaction ID: 1987788 | |
| City State Zip Code Huntington Wd MI 48070 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 981 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Natalie Horwitz

Mailing Address 15 W. Juniper Lane

City State Zip Code
Moreland Hls OH 44022

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989351

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Mr. Ralph C. Hill

Mailing Address 5452 Carley Avenue

City State Zip Code
Whittier CA 90601

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987789

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Janice J. Liten

Mailing Address 2416 Marcy Avenue

City State Zip Code
Evanston IL 60201

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978092

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 982 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Diane E. Wonio

Mailing Address 1101 Bayou Shore Drive

City State Zip Code
Galveston TX 77551

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978095

Amount of Each Receipt this Period
25.00

Amy Klobuchar Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Mrs. Marion G. Galland

Mailing Address 3440 S Jefferson St # 249A

City State Zip Code
Falls Church VA 22041

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1987770

Amount of Each Receipt this Period
50.00

Amy Klobuchar Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Mr. Seymour Schwartz

Mailing Address 100 Putnam Grn

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
FAWN Assoc Builder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1987784

Amount of Each Receipt this Period
500.00

Amy Klobuchar Earmark Contributions

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 983 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Bernice Kupsaw | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 12204 Lakewood Creek | | Transaction ID: 1978113 | |
| City State Zip Code Fort Myers FL 33908 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Jeanne Campbell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 380 N. Mountain Avenue | | Transaction ID: 1978103 | |
| City State Zip Code Montclair NJ 07043 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Alice Hoelzer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 3808 Doune Way | | Transaction ID: 1978111 | |
| City State Zip Code Clermont FL 34711 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Earmark Contributions | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 310.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 984 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Wendy Moore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 128 Everett Street, Apt. 3 | | Transaction ID: 1987804 | |
| City Arlington | State MA | Zip Code 02474 | Amount of Each Receipt this Period 10.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Earmark Contributions | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Elaine Ciccone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 247 Lincoln Road | | Transaction ID: 1987808 | |
| City Brooklyn | State NY | Zip Code 11225 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Earmark Contributions | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Mary Gabrielson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 85 Old Goshen Road RR 1 Box 110D | | Transaction ID: 1989349 | |
| City Willimasburg | State MA | Zip Code 01096 | Amount of Each Receipt this Period 25.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Earmark Contributions | |
| Name of Employer | Occupation Self | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 85.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|-----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 985 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Ralph C. Hill | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 5452 Carley Avenue | | Transaction ID: 1987790 | |
| City State Zip Code Whittier CA 90601 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Jay Brant | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 737 Fox River Drive | | Transaction ID: 1987792 | |
| City State Zip Code Bloomfield MI 48304 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Attorney | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Carol Flint | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 220 18th Street | | Transaction ID: 1987776 | |
| City State Zip Code Santa Monica CA 90402 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Sales | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 986 / 1289 |
| | <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. Ms. Dixie Grace | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1306 Wynridge Drive | | Transaction ID: 1989363 |
| City State Zip Code Saint Paul MN 55112 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Earmark Contributions | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Jeanne Campbell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 380 N. Mountain Avenue | | Transaction ID: 1978104 |
| City State Zip Code Montclair NJ 07043 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Earmark Contributions | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Marion G. Galland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 3440 S Jefferson St # 249A | | Transaction ID: 1987771 |
| City State Zip Code Falls Church VA 22041 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Earmark Contributions | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 987 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mrs. J. Goldstein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 312 Windsor Drive | | Transaction ID: 1987779 | |
| City State Zip Code Iowa City IA 52245 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Natalie Horwitz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 15 W. Juniper Lane | | Transaction ID: 1989352 | |
| City State Zip Code Moreland Hls OH 44022 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Meryl Nannis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 9 Bacon Road | | Transaction ID: 1978119 | |
| City State Zip Code Framingham MA 01701 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 988 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Annette Gellert

Mailing Address 93 West Shore Road

City State Zip Code
Belvedere CA 94920

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
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1987781

Amount of Each Receipt this Period
250.00

Claire McCaskill Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Susan Lampe

Mailing Address PO Box 1247

City State Zip Code
Tenino WA 98589

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989357

Amount of Each Receipt this Period
25.00

Claire McCaskill Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Diane E. Wonio

Mailing Address 1101 Bayou Shore Drive

City State Zip Code
Galveston TX 77551

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978096

Amount of Each Receipt this Period
25.00

Claire McCaskill Earmark Contributions

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 989 / 1289 |
| | <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. Mr. Seymour Schwartz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 100 Putnam Grn | | Transaction ID: 1987785 | |
| City State Zip Code Greenwich CT 06830 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer FAWN Assoc | Occupation Builder | | |
| 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. Mrs. Bernice Kupsaw | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 12204 Lakewood Creek | | Transaction ID: 1978114 | |
| City State Zip Code Fort Myers FL 33908 | | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer | 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) C. Ms. Helen V. Kossler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 614 Home Avenue | | Transaction ID: 1987798 | |
| City State Zip Code Oak Park IL 60304 | | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Earmark Contributions | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 530.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 990 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Janice J. Liten

Mailing Address 2416 Marcy Avenue

City State Zip Code
Evanston IL 60201

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978093

Amount of Each Receipt this Period
50.00

Claire McCaskill Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Wendy Moore

Mailing Address 128 Everett Street, Apt. 3

City State Zip Code
Arlington MA 02474

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987805

Amount of Each Receipt this Period
10.00

Claire McCaskill Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Phyllis Wasserman

Mailing Address 5 Rogers Road

City State Zip Code
Lexington MA 02420

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978088

Amount of Each Receipt this Period
25.00

Debbie Stabenow Earmarked Contributions

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 85.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 991 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Sylvia Ashby | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2711 24th Street | | Transaction ID: 1987794 | |
| City Lubbock | State TX | Zip Code 79410 | Amount of Each Receipt this Period 15.00 |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Earmarked Contributions | |
| Name of Employer | 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. Mrs. Reatha T. Godwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 100 Thorndale Drive Apt. 301 | | Transaction ID: 1987803 | |
| City San Rafael | State CA | Zip Code 94903 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Earmarked Contributions | |
| Name of Employer | 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) C. Ms. Ruth Lowy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 551 Thain Way | | Transaction ID: 1989347 | |
| City Palo Alto | State CA | Zip Code 94306 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Diane Farrell Earmark Contributions | |
| Name of Employer Stanford Univ., CA. | Occupation Admin. Asst. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 165.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 992 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Rachel Goldman

Mailing Address 11 Charlton Street Apt. 3A

City State Zip Code
New York NY 10014

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

Name of Employer Occupation
NYC Law Dept. Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1989354

Amount of Each Receipt this Period
100.00

Diane Farrell Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Carol Flint

Mailing Address 220 18th Street

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
Bodger Seeds Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987774

Amount of Each Receipt this Period
100.00

Diane Farrell Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Marie Buckey

Mailing Address 881 Thomas Avenue, Apt. 4

City State Zip Code
San Diego CA 92109

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1978099

Amount of Each Receipt this Period
100.00

Diane Farrell Earmark Contributions

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 993 / 1289 |
| | <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. Ms. Elaine Ciccone | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 247 Lincoln Road | | Transaction ID: 1987807 | |
| City State Zip Code Brooklyn NY 11225 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Diane Farrell Earmark Contributions | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Debbie Thompson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 2860 Tessmer Road | | Transaction ID: 1978121 | |
| City State Zip Code Ann Arbor MI 48103 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | | Diane Farrell Earmark Contributions | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Mary Ann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 9851 Harrison Road # 308 | | Transaction ID: 1987787 | |
| City State Zip Code Bloomington MN 55437 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | | Kathy Castor Earmark Contributions | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 994 / 1289
(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)
Ms. Carol Flint

Mailing Address 220 18th Street

City State Zip Code
Santa Monica CA 90402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bodger Seeds Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987777

Amount of Each Receipt this Period
100.00

Lois Murphy Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Alice L. Johnson

Mailing Address 47 Hillside Road

City State Zip Code
Watertown MA 02472

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1989361

Amount of Each Receipt this Period
100.00

Lois Murphy Earmark Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Joan Materna

Mailing Address 20 E. Mayer Drive

City State Zip Code
Suffern NY 10901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1987801

Amount of Each Receipt this Period
25.00

Lois Murphy Earmark Contributions

SUBTOTAL of Receipts This Page (optional) 225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 995 / 1289 |
| | <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. Full Name (Last, First, Middle Initial) Mr. Peter Elliott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address PO Box 478 | | Transaction ID: 1989358 | |
| City State Zip Code Sawyer MI 49125 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Earmark Contributions | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Diane E. Wonio | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1101 Bayou Shore Drive | | Transaction ID: 1978098 | |
| City State Zip Code Galveston TX 77551 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Earmark Contributions | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Jay Brant | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 737 Fox River Drive | | Transaction ID: 1987791 | |
| City State Zip Code Bloomfield MI 48304 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Earmark Contributions | |
| Name of Employer Occupation Self Attorney | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 996 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Lorraine Grace

Mailing Address 6 Playa Verde

City State Zip Code
Tiburon CA 94920

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

Name of Employer Self Occupation Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978107

Amount of Each Receipt this Period
250.00

Lois Murphy Earmark Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Phyllis Wasserman

Mailing Address 5 Rogers Road

City State Zip Code
Lexington MA 02420

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978182

Amount of Each Receipt this Period
25.00

Maria Cantwell Earmarked Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Carol Flint

Mailing Address 220 18th Street

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Bodger Seeds Occupation Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1987775

Amount of Each Receipt this Period
100.00

Maria Cantwell Earmarked Contributions

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 997 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Alice L. Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 47 Hillside Road | | Transaction ID: 1989360 |
| City State Zip Code Watertown MA 02472 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer Occupation Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Seymour Schwartz | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 100 Putnam Grn | | Transaction ID: 1987783 |
| City State Zip Code Greenwich CT 06830 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer Occupation FAWN Assoc Builder | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. David W. McDonald | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 423 Pythian Road | | Transaction ID: 1987782 |
| City State Zip Code Santa Rosa CA 95409 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer Occupation Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 998 / 1289 |
| | <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. Ms. Deanna Fendler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 4019 W Thorpe Rd | | Transaction ID: 1978083 |
| City State Zip Code Spokane WA 99224 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer Dept. of Defense | Occupation Counselor | |
| 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. Ms. Sandra Galbraith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 3801 Riverhill Drive | | Transaction ID: 1978115 |
| City State Zip Code Pasco WA 99301 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer | 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) C. Ms. Jeanne Campbell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 380 N. Mountain Avenue | | Transaction ID: 1978102 |
| City State Zip Code Montclair NJ 07043 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Earmarked Contributions | |
| Name of Employer | Occupation REQUESTED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 999 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Marion G. Galland

Mailing Address 3440 S Jefferson St # 249A

City Falls Church State VA Zip Code 22041

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1987769

Amount of Each Receipt this Period
100.00

Maria Cantwell Earmarked Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Joan Materna

Mailing Address 20 E. Mayer Drive

City Suffern State NY Zip Code 10901

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1987800

Amount of Each Receipt this Period
50.00

Maria Cantwell Earmarked Contributions

C. Full Name (Last, First, Middle Initial)
Ms. Diane E. Wonio

Mailing Address 1101 Bayou Shore Drive

City Galveston State TX Zip Code 77551

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978097

Amount of Each Receipt this Period
25.00

Maria Cantwell Earmarked 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1000 / 1289 |
| | <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. Mr. Peter Elliott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address PO Box 478 | | Transaction ID: 1989359 | |
| City State Zip Code Sawyer MI 49125 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions | |
| Name of Employer 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. Ms. Meryl Nannis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 9 Bacon Road | | Transaction ID: 1978120 | |
| City State Zip Code Framingham MA 01701 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions | |
| Name of Employer 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) C. Ms. Barbara Shipnuck | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 2602 E. 20th Street, Unit 203 | | Transaction ID: 1978110 | |
| City State Zip Code Signal Hill CA 90755 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1001 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jacqueline Knable

Mailing Address 878 Sandburg Terrace

City Hendersonville State NC Zip Code 28791

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989353

Amount of Each Receipt this Period
50.00

Maria Cantwell Earmarked Contributions

B. Full Name (Last, First, Middle Initial)
Ms. Mary Gabrielson

Mailing Address 85 Old Goshen Road
RR 1 Box 110D

City Willimasburg State MA Zip Code 01096

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

Name of Employer Occupation Self

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989348

Amount of Each Receipt this Period
25.00

Maria Cantwell Earmarked Contributions

C. Full Name (Last, First, Middle Initial)
Mr. Ben Shaine

Mailing Address 825 V Street

City Port Townsend State WA Zip Code 98368

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978117

Amount of Each Receipt this Period
50.00

Maria Cantwell Earmarked 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1002 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mr. Anthony LaMorticella | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 24739 Demming Ridge Road | | Transaction ID: 1987799 |
| City Elmira State OR Zip Code 97437 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions |
| Name of Employer | 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. Ms. Vera H. Sable | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 680 Range View Trail | | Transaction ID: 1978085 |
| City Golden State CO Zip Code 80401 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions |
| Name of Employer | 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) C. Ms. Lorraine Grace | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 6 Playa Verde | | Transaction ID: 1978105 |
| City Tiburon State CA Zip Code 94920 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Earmarked Contributions |
| Name of Employer Self | Occupation Teacher | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 325.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1003 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Rhoda Seman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 4601 W Touhy Avenue # 501 | | Transaction ID: 1978090 |
| City State Zip Code Lincolnwood IL 60712 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Earmarked Contributions | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Sylvia Ashby | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 2711 24th Street | | Transaction ID: 1987793 |
| City State Zip Code Lubbock TX 79410 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Earmarked Contributions | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Reatha T. Godwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 100 Thorndale Drive Apt. 301 | | Transaction ID: 1987802 |
| City State Zip Code San Rafael CA 94903 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Earmarked Contributions | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1004 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Christopher H. Walker

Mailing Address 101 Cherrywood Road

City State Zip Code
Port Matilda PA 16870

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

Name of Employer Occupation
Penn State University librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978702

Amount of Each Receipt this Period
5.00

Allyson Schwartz Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Diane J. Wroblewski

Mailing Address 11 Rosemary Court

City State Zip Code
Midland MI 48640

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

Name of Employer Occupation
Self-employed Toxicologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986032

Amount of Each Receipt this Period
20.00

Allyson Schwartz Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985177

Amount of Each Receipt this Period
25.00

Allyson Schwartz 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1005 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Matthew D. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 3100 Lake Mendota Drive Apt. 706 | | Transaction ID: 1978913 | |
| City State Zip Code Madison WI 53705 | | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer Occupation Univ. of WI Physician | | [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. Full Name (Last, First, Middle Initial) Mr. Lou Serra | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2525 Pennsylvania Avenue | | Transaction ID: 1985191 | |
| City State Zip Code Weirton WV 26062 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer Occupation Weirton Geriatric Center CEO | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Kenneth W. Salinger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 18 Putnam Road | | Transaction ID: 1971876 | |
| City State Zip Code Arlington MA 02474 | | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer Occupation Edwards Angell Palmer & Dodge LLP Lawyer | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1006 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City Narberth State PA Zip Code 19072

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

Name of Employer Park Plessort, Inc. Occupation NHA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989568

Amount of Each Receipt this Period
50.00

Allyson Schwartz Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Robert Kansas

Mailing Address 725 Robin Way S.

City Satellite Beach State FL Zip Code 32937

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978958

Amount of Each Receipt this Period
25.00

Allyson Schwartz Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Fay Nelson

Mailing Address 12131 Long Ridge Lane

City Bowie State MD Zip Code 20715

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

Name of Employer Self Occupation Geneologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987565

Amount of Each Receipt this Period
50.00

Allyson Schwartz 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1007 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Susan Semonoff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 15700 Van Aken Blvd Apt 9 | | Transaction ID: 1978915 | |
| City Cleveland | State OH | Zip Code 44120 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer | Occupation REQUESTED | [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. Mrs. Carole A. Popchok | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 120 Lilac Avenue | | Transaction ID: 1980871 | |
| City Pittsburgh | State PA | Zip Code 15229 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer Federated Investors, Inc. | Occupation Director, Org. Developmen | [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) C. Ms. Linda Yenkin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 123 Cypress Street | | Transaction ID: 1978954 | |
| City Newton Center | State MA | Zip Code 02459 | Amount of Each Receipt this Period 75.00 |
| FEC ID number of contributing federal political committee. C | | Allyson Schwartz Contributions | |
| Name of Employer Tewksbury State Hospital | Occupation Social Worker | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1008 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Esther Sinclair

Mailing Address 43 Tamalpais Ave

City State Zip Code
San Anselmo CA 94960

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978886

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Judith S. Russell

Mailing Address 2426 Westside Drive

City State Zip Code
North Chili NY 14514

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

Name of Employer Occupation
Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987631

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Seymour Grossman

Mailing Address 2661 Cedar Street

City State Zip Code
Berkeley CA 94708

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

Name of Employer Occupation
self Musician (Retired M.D.)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987652

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1009 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

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

Mailing Address 530 Calle Corvo

City State Zip Code
Santa Fe NM 87501

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980914

Amount of Each Receipt this Period
40.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Sondra Stein

Mailing Address 905 East Oak Dr

City State Zip Code
Durham NC 27705

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980864

Amount of Each Receipt this Period
25.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Todd Evans

Mailing Address 2086 East Lake Road

City State Zip Code
Atlanta GA 30307

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

Name of Employer Occupation
Self Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1988967

Amount of Each Receipt this Period
1000.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1010 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Karen Lombardi

Mailing Address 1416 T Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989545

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Bill Handschin

Mailing Address 2095 Skyway Drive

City Saint Paul State MN Zip Code 55119

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

Name of Employer Talent Management Consult. Occupation Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1980888

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Heather K. Taylor

Mailing Address 6432 Old Goose Creek Rd

City Middleburg State VA Zip Code 20117

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987232

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1011 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn McKenzie

Mailing Address 11090 SE 240th Place

City State Zip Code
Gresham OR 97080

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980861

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Shirley M. Brown

Mailing Address 146 Tudor Oval

City State Zip Code
Westfield NJ 07090

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987206

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Alice I. Wiren

Mailing Address 4250 NE 88th Street

City State Zip Code
Seattle WA 98115

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985146

Amount of Each Receipt this Period
250.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1012 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jean S. Kahan

Mailing Address 2022 Brookside Drive

City State Zip Code
Scotch Plains NJ 07076

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980875

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Chuck Williams

Mailing Address 20540 Pinnacle Way

City State Zip Code
Malibu CA 90265

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

Name of Employer Occupation
Williams & Associate Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986793

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Karen B. Redlener

Mailing Address 41 Saldo Circle

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Occupation
Montefiore Med Center Health Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980243

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1013 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Carol A. Seibert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2611 Lake Street | | Transaction ID: 1989657 |
| City State Zip Code San Francisco CA 94121 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation San Francisco Wine Competition Treasurer | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Sarah C. Burke | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 845 West End Avenue, # 14A | | Transaction ID: 1990533 |
| City State Zip Code New York NY 10025 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Patricia T. Colburn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 1559 Oakdale Street | | Transaction ID: 1987596 |
| City State Zip Code Pasadena CA 91106 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1014 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances P. Hanners

Mailing Address 3007 Plymouth Drive

City State Zip Code
Bellingham WA 98225

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980251

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 1448 Sunshade Lane

City State Zip Code
San Jose CA 95122

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989539

Amount of Each Receipt this Period
25.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Helen Stevenson Simmons

Mailing Address PO Box 965

City State Zip Code
Pauma Valley CA 92061

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

Name of Employer Occupation
Self Avocado Grower

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986706

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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**

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|--|--|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1015 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Glenda M. Dugan

Mailing Address 199 Los Banos Avenue

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer Occupation
US EPA Life Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1978990

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Jane F. Hopkins

Mailing Address 20650 Lomita Avenue

City State Zip Code
Saratoga CA 95070

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987645

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Elizabeth W. Horton

Mailing Address 3131 Excelsior Blvd. #902

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
self Clinical Social Worker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987638

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1016 / 1289 |
| | <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. Ms. Lucille Cooper | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 5460 Paseo del Lago, # A | | Transaction ID: 1987275 | |
| City State Zip Code Laguna Woods CA 92637 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. David A. Pyne | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 7248 Eaton Court | | Transaction ID: 1988272 | |
| City State Zip Code Dexter MI 48130 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Carl E. Langenhop | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 2200 Greentree N. Apt. 1107 | | Transaction ID: 1989525 | |
| City State Zip Code Clarksville IN 47129 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1017 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Charlotte S. Bird

Mailing Address 4182 Ingalls Street

City State Zip Code
San Diego CA 92103

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
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987585

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 31 Dogwood Lane

City State Zip Code
Pomona NY 10970

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1979012

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Vivian S. Crabtree

Mailing Address 2661 Tallant Rd Apt MN724

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985159

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1018 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Sherwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 403 James Wood Court | | Transaction ID: 1987185 | |
| City State Zip Code New Milford NJ 07646 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Dickstein, Shapiro, Morin & Oshinsky | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Suzy Platt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 | |
| Mailing Address 807 N. Howard, # 314 | | Transaction ID: 1983971 | |
| City State Zip Code Alexandria VA 22304 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Mary B. Rose | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 706 Kettner Blvd | | Transaction ID: 1987560 | |
| City State Zip Code San Diego CA 92101 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Crosswont-Cuyamaca | Occupation Comm. College Counselor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1019 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances G. Pepper

Mailing Address 233 Oliver Road

City State Zip Code
Cincinnati OH 45215

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

Name of Employer Occupation
volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987241

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Mary D. Kalas

Mailing Address 40 Melrose Avenue

City State Zip Code
Albany NY 12203

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978965

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Deed

Mailing Address 657A Heritage Village

City State Zip Code
Southbury CT 06488

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1988257

Amount of Each Receipt this Period
25.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1020 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen Geissler

Mailing Address 522 Highland Avenue

City State Zip Code
East Lansing MI 48823

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

Name of Employer Occupation
MI State University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986746

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Kathryn G. Janson

Mailing Address 193K Marthas Road

City State Zip Code
Alexandria VA 22307

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986820

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Gayle R. Hardt

Mailing Address 6977 Wentworth Ave. SW

City State Zip Code
Port Orchard WA 98367

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

Name of Employer Occupation
United Airlines Flight Attendant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989625

Amount of Each Receipt this Period
25.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1021 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Lorna Brodtkorb | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 123 Sharon Road PO Box 1597 | | Transaction ID: 1988316 | |
| City Lakeville | State CT | Zip Code 06039 | Amount of Each Receipt this Period 25.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions | |
| Name of Employer self | Occupation consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|----------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Elaine J. Bevilacqua | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 110 D Street S.E. Apt. 212 | | Transaction ID: 1987291 | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Receipt this Period 35.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions | |
| Name of Employer Library of Congress | Occupation Cataloger | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|----------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Ruth B. Lefevre | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 33664 Hampton Road | | Transaction ID: 1989973 | |
| City Eugene | State OR | Zip Code 97405 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1022 / 1289 |
| | <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. Dr. Devoney K. Looser | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 302 Westwood Avenue | | Transaction ID: 1987650 | |
| City State Zip Code Columbia MO 65203 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation University of Missouri Professor | 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. Mrs. Gloria M. Gray | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 436 Crestover Circle | | Transaction ID: 1986703 | |
| City State Zip Code Richardson TX 75080 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer 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) C. Ms. Deborah A. Chassman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1705 Woodman Drive | | Transaction ID: 1989953 | |
| City State Zip Code McLean VA 22101 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Chassman Consulting Inc. Mngt. Consultant | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1023 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marjorie E. Vanek

Mailing Address 10241 York Road

City State Zip Code
N. Royalton OH 44133

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

Name of Employer Occupation
Cuyahoga Cty. Pub. Lib. Library Clerk

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1989572

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 1374 Alki Avenue SW, # 300

City State Zip Code
Seattle WA 98116

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

Name of Employer Occupation
Homemaker/Volunteer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988296

Amount of Each Receipt this Period
250.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Morris Moore

Mailing Address 4145 Amber Street

City State Zip Code
Boulder CO 80304

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

Name of Employer Occupation
Colorado Permanente Medical Group physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989667

Amount of Each Receipt this Period
25.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1024 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Susan T. Macfarlan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1408 Sunshine Canyon | | Transaction ID: 1978890 | |
| City State Zip Code Boulder CO 80302 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Thomas Kearney | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 235 S. Mansfield Avenue | | Transaction ID: 1989543 | |
| City State Zip Code Los Angeles CA 90036 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Sarah E. Everett | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 79 Florence St. 610 South | | Transaction ID: 1990547 | |
| City State Zip Code Chestnut Hill MA 02467 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1025 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Douglas B. Tucker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1519 Escalona Drive | | Transaction ID: 1986799 |
| City State Zip Code Santa Cruz CA 95060 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Francine Belkind | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 2719 Woolsey Street | | Transaction ID: 1986830 |
| City State Zip Code Berkeley CA 94705 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Pamela D Drexel | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 303 East 57th Street, # 23E | | Transaction ID: 1987200 |
| City State Zip Code New York NY 10022 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Brain Trauma Foundation Executive Director | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1026 / 1289 |
| | <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. Ms. Rosalie Heller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 301 El Viento Street | | Transaction ID: 1980241 | |
| City State Zip Code Los Alamos NM 87544 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions MEMO | | |
| Name of Employer Occupation Occupation REQUESTED | [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. Mr. Scott G. Swanson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 6512 Caroline Avenue | | Transaction ID: 1990544 | |
| City State Zip Code Indianapolis IN 46220 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions MEMO | | |
| Name of Employer Occupation Butler University Professor | [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) C. Ms. M.J. Moltenbrey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 2328 Champlain Street, NW Apt. 416 | | Transaction ID: 1984224 | |
| City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions MEMO | | |
| Name of Employer Occupation Freshfields Bruckhaus Deringer LLP lawyer | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1027 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Rita M. Lang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 2 Red Oak Road | | Transaction ID: 1987601 |
| City State Zip Code Greenville SC 29615 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Lois A. Walker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 3551 Hartstine Island South | | Transaction ID: 1989639 |
| City State Zip Code Shelton WA 98584 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Lester J Mazor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address Goerres Str 1 c/o Spier-Mazor | | Transaction ID: 1987603 |
| City State Zip Code 12161 Berlin 00000 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Hampshire College College prof | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1028 / 1289 |
| | <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 | |

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. Full Name (Last, First, Middle Initial) Ms. Pamela Tuson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 101 Rudy's Knob Lane P.O. Box 4678 | | Transaction ID: 1987616 | |
| City Arcata State CA Zip Code 95521 | Amount of Each Receipt this Period 15.00 | | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Occupation Bookkeeper | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Marcia Susan Kupferberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 2001 Hamilton Street Unit 502 | | Transaction ID: 1989588 | |
| City Philadelphia State PA Zip Code 19130 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Occupation Attorney | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Jerrold Yos | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1001 Main Street Unit 34 | | Transaction ID: 1978950 | |
| City Woburn State MA Zip Code 01801 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1029 / 1289 |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985180

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Sally Carson

Mailing Address 3153 N 17th Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Dept. of Defense, US Marine Corps Program Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1989548

Amount of Each Receipt this Period
150.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Kathryn M. Anastos, M.D.

Mailing Address 41 Lewis Parkway

City State Zip Code
Yonkers NY 10705

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

Name of Employer Occupation
Montefiore medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987203

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1030 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Melody S. Robidoux | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 10128 Se 16Th Place | | Transaction ID: 1988972 |
| City State Zip Code Bellevue WA 98004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Cynthia A. Kondon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 29910 Avenida Anillo | | Transaction ID: 1980877 |
| City State Zip Code RanchoPalosVerdes CA 90275 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Pro Unlimited Accountant | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Gretchen B. Roose | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 7 Holly Drive | | Transaction ID: 1978999 |
| City State Zip Code Boynton Beach FL 33436 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1031 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Meg Dwyer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 128 Gables Place | | Transaction ID: 1987296 | |
| City Rutland | State VT | Amount of Each Receipt this Period 50.00 | |
| Zip Code 05701 | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Joan Madden | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 2328 W. 53rd Street | | Transaction ID: 1986743 | |
| City Minneapolis | State MN | Amount of Each Receipt this Period 100.00 | |
| Zip Code 55410 | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Group Health, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Phyllis Freeland Broyles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address PO Box 2216 | | Transaction ID: 1985166 | |
| City McKinleyville | State CA | Amount of Each Receipt this Period 35.00 | |
| Zip Code 95519 | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1032 / 1289 |
| | <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. Ms. Emily Gene Reed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 2241 165th Street | | Transaction ID: 1985170 |
| City State Zip Code Spirit Lake IA 51360 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Homemaker | 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. Mr. Harold Tulchin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 8 Rittenhouse Road | | Transaction ID: 1987193 |
| City State Zip Code Bronxville NY 10708 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer 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) C. Ms. Diana L. Morabito | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 6 |
| Mailing Address 1976 Abinante Lane | | Transaction ID: 1986737 |
| City State Zip Code San Jose CA 95124 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Siemens Software Engineer | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1033 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lenore Berck

Mailing Address 604 Ramapo Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986804

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Gretchen E. Tatting

Mailing Address Imperial House
1601 18th Street, NW Apt. 403

City State Zip Code
Washington DC 20009

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978995

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Jean Stapleton

Mailing Address 3232 Philo Street

City State Zip Code
Los Angeles CA 90064

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

Name of Employer Occupation
East LA College Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986741

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1034 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Beverly J. Hanson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address PO Box 570711 | | Transaction ID: 1986812 | |
| City Tarzana | State CA | Zip Code 91357 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Joan I Bolker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 10 chester st. | | Transaction ID: 1987220 | |
| City Newton | State MA | Zip Code 02461 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation psychologist/writer Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Marjorie Dearmont | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 101 Oak Crest Drive | | Transaction ID: 1987268 | |
| City Bertram | State TX | Zip Code 78605 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation trainer Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1035 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Ann S. Ziegler | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1009 Los Arboles Avenue NW | | Transaction ID: 1986806 | |
| City State Zip Code Albuquerque NM 87107 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Occupation REQUESTED | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Dr. Cordelia Ontiveros | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 1450 E North Hills Drive | | Transaction ID: 1989609 | |
| City State Zip Code La Habra CA 90631 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Calif State University Administrator | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Sondra Langweil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 37 Valerian Court | | Transaction ID: 1989644 | |
| City State Zip Code N. Bethesda MD 20852 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1036 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lesley D. Birch

Mailing Address 135 Rio Robles E # 122

City State Zip Code
San Jose CA 95134

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

Name of Employer Occupation
BD Master Data Steward

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2006

Transaction ID: 1989670

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Susan C. Auchincloss

Mailing Address 8 Library Ln

City State Zip Code
Woodstock NY 12498

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

Name of Employer Occupation
Melrose School Minister

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978947

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Deborah Sosebee

Mailing Address 701 Trestle Glen Road

City State Zip Code
Oakland CA 94610

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986733

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1037 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Pamela S. Bailey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 820 37th Street | | Transaction ID: 1989565 | |
| City Moline | State IL | Zip Code 61265 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Department of the Army | Occupation Attorney | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|-----------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Carl Larrick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 240 East Avenue, Apt. 407 | | Transaction ID: 1989541 | |
| City Saint Paul | State MN | Zip Code 55115 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Ann O. Jost | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 5929 Heather Drive, S.W. | | Transaction ID: 1987552 | |
| City Rochester | State MN | Zip Code 55902 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer | Occupation Homemaker | Aggregate Year-to-Date 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1038 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Zeck

Mailing Address 111 South Sims Avenue

City State Zip Code
Columbia SC 29205

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

Name of Employer Occupation
Willoughby & Hoeter PA Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 1989951

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Frances N. Blackmond

Mailing Address 2972 Wildwood Road Ext.

City State Zip Code
Allison Park PA 15101

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987614

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Peggy Glick

Mailing Address 5520 S Marine Drive

City State Zip Code
Tempe AZ 85283

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

Name of Employer Occupation
Arizona State University researcher

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987209

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1039 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Denise D. Price

Mailing Address 620 E. Rockaway Drive

City State Zip Code
Placentia CA 92870

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

Name of Employer Occupation
Pacific Care of CA Project Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980252

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Shari Schubot

Mailing Address 1471 Folsom Road

City State Zip Code
Loxahatchee FL 33470

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

Name of Employer Occupation
self artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986691

Amount of Each Receipt this Period
10.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Stefan Athanasiadis

Mailing Address 5215 Pipe Creek Road

City State Zip Code
Batesville IN 47006

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987582

Amount of Each Receipt this Period
10.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1040 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Audrey Unger Mailing Address 1709 Raintree Road City Fullerton State CA Zip Code 92835 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986761 Amount of Each Receipt this Period 100.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Housewife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Abigail D. Faulkner Mailing Address 345 Kelton Road City East Montpelier State VT Zip Code 05651 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 1988957 Amount of Each Receipt this Period 250.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation none domestic engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Mary Anne Schwalbe Mailing Address 129 East 69th Street, # 12A City New York State NY Zip Code 10021 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987211 Amount of Each Receipt this Period 100.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1041 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Bonnie Linde

Mailing Address 40 Palm Court

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980867

Amount of Each Receipt this Period
75.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Phoebe Hansen

Mailing Address 1716 Northfield Sq Apt. A

City State Zip Code
Northfield IL 60093

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989536

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Sherry L. Guzzi

Mailing Address PO Box 7763

City State Zip Code
Tahoe City CA 96145

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

Name of Employer Occupation
Self Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985162

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1042 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Ms. Lucy Calautti Mailing Address 818 A Street, SE City <u>washington</u> State <u>DC</u> Zip Code <u>20003</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1987178 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Amy Klobuchar Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: Major League Baseball Occupation: Head of Gov Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Ms. Susan D. Ralston Mailing Address 35 East 75 Street, # 4E City <u>New York</u> State <u>NY</u> Zip Code <u>10021</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1988940 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Amy Klobuchar Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: Occupation: Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| C. Full Name (Last, First, Middle Initial) Mr. John D. Lavelly Mailing Address 36407 Sereno Common City <u>Fremont</u> State <u>CA</u> Zip Code <u>94536</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1989537 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Amy Klobuchar Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 | 25.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 25.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: Occupation: REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | |

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|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | <u>0.00</u> |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1043 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Ann H. Tobin

Mailing Address PO Box 667017

City Pompano Beach State FL Zip Code 33066

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

Name of Employer USPS Occupation City Carrier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986828

Amount of Each Receipt this Period
 100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Mona L. Walz

Mailing Address 331 Scio Village Court #176

City Ann Arbor State MI Zip Code 48103

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

Name of Employer Self Occupation Realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980827

Amount of Each Receipt this Period
 30.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Clifford C. Stults

Mailing Address 833 Hidden Hills Drive

City Bellevue State NE Zip Code 68005

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

Name of Employer 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
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986790

Amount of Each Receipt this Period
 50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1044 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Molly Cronin

Mailing Address 18955 Ridgewood Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Self Occupation
MSW

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986807

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol J. Jennings

Mailing Address 2308 Pine Knoll Drive # 1

City State Zip Code
Walnut Creek CA 94595

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987648

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 8 1/2 Ash Street Place

City State Zip Code
Cambridge MA 02138

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987611

Amount of Each Receipt this Period
20.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1045 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Dawn Day | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 99 Meadowbrook Drive | | Transaction ID: 1985157 | |
| City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer Self Occupation Sociologist | [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. Full Name (Last, First, Middle Initial) Ms. Fay R. Bussgang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 2 Forest Street | | Transaction ID: 1987176 | |
| City State Zip Code Lexington MA 02421 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Gwendolyn B. Straight | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 651 Sinex Avenue Apt. D108 | | Transaction ID: 1978980 | |
| City State Zip Code Pacific Grove CA 93950 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer Occupation REQUESTED | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

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

| | | |
|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1046 / 1289 |
| | <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. Mrs. Kathe D. Thompson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 15109 Banbury Way | | Transaction ID: 1988275 |
| City State Zip Code Wellington FL 33414 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Sally W. Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1060 Copeland Road | | Transaction ID: 1987558 |
| City State Zip Code Maple Plain MN 55359 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Self Horse Breeder | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara J. Corwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1230 Winding Ridge Terrace | | Transaction ID: 1978939 |
| City State Zip Code Colorado Springs CO 80919 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Sun Microsystems Software Engineering Manager | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1047 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Lee Ann Kennedy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 15750 Vose Street | | Transaction ID: 1986769 |
| City State Zip Code Van Nuys CA 91406 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Boeing Co. Sys. Eng. | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Amy W. Potvin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 17329 81st Avenue N. | | Transaction ID: 1978992 |
| City State Zip Code Maple Grove MN 55311 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation U of MN. Book Buyer | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Roy Lambert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 12300 NW 56th Ave | | Transaction ID: 1980852 |
| City State Zip Code Gainesville FL 32653 | Amount of Each Receipt this Period 15.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1048 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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) A. Ms. Carol L. Hobart | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 9367 Nesbitt Road | | Transaction ID: 1989964 | |
| City Bloomington | State MN | Zip Code 55437 | Amount of Each Receipt this Period 25.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions None | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation consultant Aggregate Year-to-Date ▼ 0.00 | [MEMO ITEM] MEMO | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Pat L. Deutch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 51 Clifton Street | | Transaction ID: 1988309 | |
| City Belmont | State MA | Zip Code 02478 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions None | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation editor Aggregate Year-to-Date ▼ 0.00 | [MEMO ITEM] MEMO | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Emma Rosow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 122 Green Way | | Transaction ID: 1987253 | |
| City Wayland | State MA | Zip Code 01778 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions None | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | [MEMO ITEM] MEMO | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1049 / 1289 |
| <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. Ms. Pamela H. Roderick | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 111 Hicks Street, # 25b | | Transaction ID: 1985174 | |
| City State Zip Code Brooklyn NY 11201 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Self Occupation Self Writer | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Barbara Rubin, Ph.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 7 Lexington Avenue | | Transaction ID: 1986749 | |
| City State Zip Code New York NY 10010 | Amount of Each Receipt this Period 15.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Pat Harris | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 3502 E. 4th Street | | Transaction ID: 1986785 | |
| City State Zip Code Tucson AZ 85716 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1050 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Tom S. Zeller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6620 East State Road 45 | | Transaction ID: 1976985 | |
| City State Zip Code Bloomington IN 47408 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer indiana university | Occupation systems analyst | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Elizabeth Enloe Ehrenfeld | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 6 Shoreline Drive | | Transaction ID: 1987181 | |
| City State Zip Code Falmouth ME 04105 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Southern Mary Comm | Occupation Professor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Genevra K. Loveland | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 4801 Connecticut Avenue #212 | | Transaction ID: 1987283 | |
| City State Zip Code Washington DC 20008 | | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Federal Judicial Center | Occupation Attorney-Producer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1051 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dr. Gino Crocetti

Mailing Address 652 W. 163 Street # 28

City State Zip Code
New York NY 10032

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

Name of Employer city & country school Occupation
Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2006

Transaction ID: 1976976

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Paula Botstein, M.D.

Mailing Address 544 4th Street

City State Zip Code
Brooklyn NY 11215

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

Name of Employer FDA Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980260

Amount of Each Receipt this Period
2000.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Phyllis J. Smith

Mailing Address 511 Moss Avenue

City State Zip Code
Paso Robles CA 93446

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985145

Amount of Each Receipt this Period
40.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1052 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Edith Hersher Mailing Address 212 Beers Road City Easton State CT Zip Code 06612 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Transaction ID: 1978975 Amount of Each Receipt this Period 50.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Landon Storrs Mailing Address 1817 Oxford Street City Houston State TX Zip Code 77008 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: 1989986 Amount of Each Receipt this Period 100.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation University of Houston professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Eleanor J. Katz Mailing Address 315 West 70th Street, # 9H City New York State NY Zip Code 10023 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Transaction ID: 1984185 Amount of Each Receipt this Period 50.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1053 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Ms. Dorothy Baker

Mailing Address 4196 Diamond Drive

City State Zip Code
Eagan MN 55122

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

Name of Employer Occupation
Abbott-NorthWestern Hos. RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986781

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Elaine Dallman, Ph.D.

Mailing Address 601 Van Ness Avenue, # 6

City State Zip Code
San Francisco CA 94102

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

Name of Employer Occupation
Self Entrepreneur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987624

Amount of Each Receipt this Period
25.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Deidre Young

Mailing Address 377 Mill Lane

City State Zip Code
Phoenixville PA 19460

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986816

Amount of Each Receipt this Period
25.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1054 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Matson

Mailing Address 17970 Meadowlark Lane

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Occupation
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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980858

Amount of Each Receipt this Period
20.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne Lerner

Mailing Address 127 E. Ninth Street, # 1103

City State Zip Code
Los Angeles CA 90015

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

Name of Employer Occupation
Lerner et Cie Owner-Sales Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1971918

Amount of Each Receipt this Period
500.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Cecily Baskir

Mailing Address 2012 Wyoming Avenue NW Apt. 202

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1979004

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1055 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Rosalie Davison | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 18 Branchwood Court | | Transaction ID: 1980834 |
| City State Zip Code Baltimore MD 21208 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Occupation Designer | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Roslyn Barouch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 6215 W. 77th Street | | Transaction ID: 1986801 |
| City State Zip Code Los Angeles CA 90045 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Nancy L. Graham | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 2646 S Steele Street | | Transaction ID: 1988292 |
| City State Zip Code Denver CO 80210 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Policy Studies Inc Occupation manager | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1056 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. John M. Jevitts

Mailing Address 97 North Main Street

City State Zip Code
West Hartford CT 06107

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

Name of Employer Occupation
university student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986686

Amount of Each Receipt this Period
10.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Larry Wuokko

Mailing Address 2572 County Road 601

City State Zip Code
Republic MI 49879

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980890

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Ann Denton

Mailing Address 764 Constanza Drive

City State Zip Code
Henderson KY 42420

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978878

Amount of Each Receipt this Period
25.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1057 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Ann M. Gold | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 64 Chichester Road | | Transaction ID: 1978927 | |
| City State Zip Code Monroe Twsp NJ 08831 | | Amount of Each Receipt this Period 108.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Michelle R. Johnston | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 608 4th Avenue | | Transaction ID: 1987279 | |
| City State Zip Code Sacramento CA 95818 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation UC Davis Health Promotion Supervisor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Robert L. Mason | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1415 Broadway | | Transaction ID: 1987556 | |
| City State Zip Code Fargo ND 58102 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1058 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. George Ranney

Mailing Address 91 Prospect Street

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
NYS Tax Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980897

Amount of Each Receipt this Period
15.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Joanne E. Parker

Mailing Address 3831 Turtle Creek Blvd #12B

City State Zip Code
Dallas TX 75219

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

Name of Employer Occupation
Self Clinical Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987261

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Lucinda B. Emmet

Mailing Address 40040 Little Oatlands Lane

City State Zip Code
Leesburg VA 20175

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986758

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1059 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Barbara D. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4800 23rd Road S. | | Transaction ID: 1985152 | |
| City Arlington | State VA | Zip Code 22206 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer | Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Jean H. Kindleberger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 19 Prentiss Street | | Transaction ID: 1989980 | |
| City Cambridge | State MA | Zip Code 02140 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer | Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Estelle H. Voeller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 1365 Tolman Creek Road | | Transaction ID: 1987229 | |
| City Ashland | State OR | Zip Code 97520 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer none | Occupation Caregiver | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1060 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cami Pelz Elbow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 47 Pokeberry Ridge | | Transaction ID: 1987533 |
| City State Zip Code Amherst MA 01002 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. Jon A. Grabanski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1385 Awatukee Trail | | Transaction ID: 1988962 |
| City State Zip Code Hudson WI 54016 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation U.S. Postal Service Letter Carrier | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Lillian Kellman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 8 | | Transaction ID: 1987539 |
| City State Zip Code Menemsha MA 02552 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation self Story-teller | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1061 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Julie I. Fershtman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 31700 Briarcliff Road | | Transaction ID: 1978919 | |
| City State Zip Code Franklin MI 48025 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Law Offc. Julie Fershtman Attorney | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Carol J. Aaron | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 390 Bleecker Street | | Transaction ID: 1978984 | |
| City State Zip Code New York NY 10014 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation Self Teacher | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

| | | | |
|--|---|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Elizabeth Werthan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 6701 Springbank Street | | Transaction ID: 1980872 | |
| City State Zip Code Philadelphia PA 19119 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Occupation self Social Worker | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1062 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Martha S. Solano | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 4622 Citation Court | | Transaction ID: 1987265 | |
| City State Zip Code Batavia OH 45103 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer Self Occupation Consultant | [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. Full Name (Last, First, Middle Initial) Ms. Jennifer J. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 64 O. Street | | Transaction ID: 1989615 | |
| City State Zip Code Boston MA 02127 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer IBM Occupation product designer | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Jolly Ann Whitener | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 10 Oak Hollow Drive | | Transaction ID: 1988307 | |
| City State Zip Code St. Peters MO 63376 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Any Klobuchar Contributions None | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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|--|------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1063 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Ethlie Ann Vare

Mailing Address 8107 Amor Road

City State Zip Code
Los Angeles CA 90046

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

Name of Employer Self Occupation
Self Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987606

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Beth A. Rector

Mailing Address 415 Oak Street

City State Zip Code
Chadbourn NC 28431

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

Name of Employer Opening Doors Preschool Occupation
Opening Doors Preschool Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987657

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Jonathan Rigg

Mailing Address 15 Potter Street

City State Zip Code
Brunswick ME 04011

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

Name of Employer L.L. Bean Occupation
L.L. Bean Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1987580

Amount of Each Receipt this Period
25.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1064 / 1289 |
| | <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. Ms. Laurie Ann Zastrow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 26 School Street, Apt. 2 | | Transaction ID: 1980908 | |
| City State Zip Code Hull MA 02045 | Amount of Each Receipt this Period 180.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Social Security Adm Occupation District Manager | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Sarah Dunning | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 9239 Hathaway Street | | Transaction ID: 1987526 | |
| City State Zip Code Dallas TX 75220 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer Self Occupation Interior Designer | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Leslie Wagner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1520 York Ave. #23B | | Transaction ID: 1978162 | |
| City State Zip Code New York NY 10028 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Amy Klobuchar Contributions [MEMO ITEM] MEMO | | |
| Name of Employer n/a Occupation Homemaker | Aggregate Year-to-Date 0.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1065 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Patsy Rogers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address PO Box 616 | | Transaction ID: 1979008 | |
| City State Zip Code New Suffolk NY 11956 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Self Occupation Composer/Teacher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Janet Eaton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1235 Marriottsville Road | | Transaction ID: 1980259 | |
| City State Zip Code Marriottsville MD 21104 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation Housewife | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Jo Lynn Doerr | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 6436 N. Hamilton Avenue | | Transaction ID: 1989562 | |
| City State Zip Code Chicago IL 60645 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Occupation REQUESTED | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1066 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Wanda VanGoor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 3510 Husted Drive | | Transaction ID: 1980256 | |
| City State Zip Code Chevy Chase MD 20815 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Prince George's Co. College Occupation Teacher | | | |
| 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. Mr. Robert Kansas | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 725 Robin Way S. | | Transaction ID: 1978957 | |
| City State Zip Code Satellite Beach FL 32937 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer 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) C. Ms. Julie F. Codell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1316 E. McNair Drive | | Transaction ID: 1988288 | |
| City State Zip Code Tempe AZ 85283 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Any Klobuchar Contributions [MEMO ITEM] MEMO | |
| Name of Employer Arizona 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 | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1067 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Margery B. Thompson

Mailing Address 3512 Shepherd Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Self Occupation Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980247

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Steven S. Saeger

Mailing Address 4474 Greenbriar Blvd

City State Zip Code
Boulder CO 80305

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

Name of Employer Analysis Group, Inc. Occupation Economist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2006

Transaction ID: 1989652

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Grisco

Mailing Address P.O. Box 202045

City State Zip Code
Anchorage AK 99520

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

Name of Employer Nat'l Parks & Conservation As. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986712

Amount of Each Receipt this Period
50.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1068 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Dr. Shelley S. Gordon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 300 N State St Apt 3433 | | Transaction ID: 1987244 |
| City Chicago State IL Zip Code 60610 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Self Occupation management consultant | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. David Talbott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 1049 Lakemount Drive | | Transaction ID: 1987288 |
| City Moneta State VA Zip Code 24121 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation REQUESTED | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Shirley A. Bandy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 100 Mortier Drive, # 506 | | Transaction ID: 1987224 |
| City College Station State TX Zip Code 77845 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired | Aggregate Year-to-Date ▼ 0.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1069 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Katherine E. Howard

Mailing Address 717 9th Avenue

City State Zip Code
San Francisco CA 94118

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

Name of Employer self Occupation
Landscape Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986725

Amount of Each Receipt this Period
100.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Patty Jay

Mailing Address 11213 Clear Oak Circle

City State Zip Code
New Port Richey FL 34654

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1988262

Amount of Each Receipt this Period
50.00

Amy Klobuchar Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Catherine A. Gant

Mailing Address P. O. Box 1253

City State Zip Code
Silverthorne CO 80498

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989527

Amount of Each Receipt this Period
100.00

Amy Klobuchar 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1070 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Susan Chase Mailing Address 84 Ashwood Avenue City State Zip Code Summit NJ 07901 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Transaction ID: 1978934 Amount of Each Receipt this Period 50.00 Amy Klobuchar Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Dr. Joanne E. Parker Mailing Address 3831 Turtle Creek Blvd #12B City State Zip Code Dallas TX 75219 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987262 Amount of Each Receipt this Period 100.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Self Clinical Psychologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Pamela S. Bailey Mailing Address 820 37th Street City State Zip Code Moline IL 61265 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 1989566 Amount of Each Receipt this Period 50.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Department of the Army Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1071 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Ms. Marjorie Dearmont

Mailing Address 101 Oak Crest Drive

City State Zip Code
Bertram TX 78605

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

Name of Employer Self Occupation trainer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987269

Amount of Each Receipt this Period
20.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Laurie Ann Zastrow

Mailing Address 26 School Street, Apt. 2

City State Zip Code
Hull MA 02045

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

Name of Employer Social Security Adm Occupation District Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980909

Amount of Each Receipt this Period
180.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Carol R. Ducak

Mailing Address 14 E 56th Street

City State Zip Code
Kansas City MO 64113

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

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987249

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1072 / 1289 |
| | <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. Ms. Anne C. Moore | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 29 Surrey Lane | | Transaction ID: 1987219 |
| City State Zip Code San Rafael CA 94903 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Self/Moore Consulting Consultant | [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. Ms. Lois A. Walker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 3551 Hartstine Island South | | Transaction ID: 1989640 |
| City State Zip Code Shelton WA 98584 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [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) C. Ms. Pat L. Deutch | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 51 Clifton Street | | Transaction ID: 1988310 |
| City State Zip Code Belmont MA 02478 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation self editor | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 / 1289
(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)
Dr. Seymour Grossman

Mailing Address 2661 Cedar Street

City State Zip Code
Berkeley CA 94708

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

Name of Employer self Occupation
self Musician (Retired M.D.)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987654

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne Lerner

Mailing Address 127 E. Ninth Street, # 1103

City State Zip Code
Los Angeles CA 90015

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

Name of Employer Lerner et Cie Occupation
Lerner et Cie Owner-Sales Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1971919

Amount of Each Receipt this Period
500.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Wanda VanGoor

Mailing Address 3510 Husted Drive

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Prince George's Co. College Occupation
Prince George's Co. College Teacher

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1980257

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1074 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sherry L. Guzzi

Mailing Address PO Box 7763

City State Zip Code
Tahoe City CA 96145

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

Name of Employer Self Occupation Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985163

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Jolly Ann Whitener

Mailing Address 10 Oak Hollow Drive

City State Zip Code
St. Peters MO 63376

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

Name of Employer 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
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988308

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Chuck Williams

Mailing Address 20540 Pinnacle Way

City State Zip Code
Malibu CA 90265

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

Name of Employer Williams & Associate Occupation 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986794

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1075 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Deborah A. Chassman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1705 Woodman Drive | | Transaction ID: 1989954 | |
| City State Zip Code McLean VA 22101 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Chassman Consulting Inc. Mngt. Consultant | [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. Full Name (Last, First, Middle Initial) Mr. Stefan Athanasiadis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 5215 Pipe Creek Road | | Transaction ID: 1987584 | |
| City State Zip Code Batesville IN 47006 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation REQUESTED | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Abigail D. Faulkner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 345 Kelton Road | | Transaction ID: 1988958 | |
| City State Zip Code East Montpelier VT 05651 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation none domestic 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 | | |

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1076 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Tom S. Zeller

Mailing Address 6620 East State Road 45

City Bloomington State IN Zip Code 47408

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

Name of Employer indiana university Occupation systems analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1976986

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Bonnie Linde

Mailing Address 40 Palm Court

City Menlo Park State CA Zip Code 94025

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1980868

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Lois Herrmann

Mailing Address 530 Calle Corvo

City Santa Fe State NM Zip Code 87501

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1980915

Amount of Each Receipt this Period
40.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1077 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Sally Carson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 3153 N 17th Street | | Transaction ID: 1989549 |
| City State Zip Code Arlington VA 22201 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Dept. of Defense, US Marine Corps | Occupation Program Manager | [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. Ms. Sarah Jones | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address P.O. Box 186 | | Transaction ID: 1985149 |
| City State Zip Code Riderwood MD 21139 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Self-employed | Occupation Investor | [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) C. Dr. Paula Botstein, M.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 544 4th Street | | Transaction ID: 1980261 |
| City State Zip Code Brooklyn NY 11215 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer FDA | Occupation Physician | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1078 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Vivian S. Crabtree

Mailing Address 2661 Tallant Rd Apt MN724

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985160

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Catherine A. Gant

Mailing Address P. O. Box 1253

City State Zip Code
Silverthorne CO 80498

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989529

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Diana L. Morabito

Mailing Address 1976 Abinante Lane

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Siemens Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2006

Transaction ID: 1986738

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

| | |
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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1079 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| A. Full Name (Last, First, Middle Initial) Mr. Roy Lambert Mailing Address 12300 NW 56th Ave City Gainesville State FL Zip Code 32653 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1980853 Amount of Each Receipt this Period <table border="1"> <tr> <td>15.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 1 | | 2 | 0 | 0 | 6 | 15.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 1 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 15.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Ms. Sarah C. Burke Mailing Address 845 West End Avenue, # 14A City New York State NY Zip Code 10025 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1990534 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 1 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Ms. Peggy Glick Mailing Address 5520 S Marine Drive City Tempe State AZ Zip Code 85283 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1987210 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation researcher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1080 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Janet A. Nielsen Mailing Address 2717 Hollister Hill Road City State Zip Code Manshfield VT 05658 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1987531 Amount of Each Receipt this Period 50.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Dawn Day Mailing Address 99 Meadowbrook Drive City State Zip Code Princeton NJ 08540 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 1985158 Amount of Each Receipt this Period 200.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Self Sociologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Lee Ann Kennedy Mailing Address 15750 Vose Street City State Zip Code Van Nuys CA 91406 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986770 Amount of Each Receipt this Period 50.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Boeing Co. Sys. Eng. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1081 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Dr. Carol E. Carpenter-Yaman Mailing Address 2554 N. Wakefield Street City State Zip Code Arlington VA 22207 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: 1989972 Amount of Each Receipt this Period 100.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Susan D. Ralston Mailing Address 35 East 75 Street, # 4E City State Zip Code New York NY 10021 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 1988941 Amount of Each Receipt this Period 100.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Marcia S. Morton Mailing Address 9 Darlington Court City State Zip Code Pittsburgh PA 15217 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Transaction ID: 1989595 Amount of Each Receipt this Period 100.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1082 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marjorie E. Vanek

Mailing Address 10241 York Road

City State Zip Code
N. Royalton OH 44133

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

Name of Employer Occupation
Cuyahoga Cty. Pub. Lib. Library Clerk

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1989576

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 1374 Alki Avenue SW, # 300

City State Zip Code
Seattle WA 98116

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

Name of Employer Occupation
Homemaker/Volunteer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988297

Amount of Each Receipt this Period
250.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Francine Belkind

Mailing Address 2719 Woolsey Street

City State Zip Code
Berkeley CA 94705

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

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986831

Amount of Each Receipt this Period
25.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1083 / 1289 |
| | <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. Ms. Charlotte A. Brooks | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2566 Villa Lane | | Transaction ID: 1988936 |
| City State Zip Code Cincinnati OH 45208 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Self Occupation Medical research consultant | [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. Ms. Audrey C. Bell | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 44866 N. Rodin Avenue | | Transaction ID: 1978906 |
| City State Zip Code Lancaster CA 93535 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [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) C. Dr. Devoney K. Looser | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 302 Westwood Avenue | | Transaction ID: 1987651 |
| City State Zip Code Columbia MO 65203 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer University of Missouri Occupation Professor | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1084 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Estelle H. Voeller

Mailing Address 1365 Tolman Creek Road

City State Zip Code
Ashland OR 97520

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

Name of Employer none Occupation Caregiver

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987230

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Elaine Dallman, Ph.D.

Mailing Address 601 Van Ness Avenue, # 6

City State Zip Code
San Francisco CA 94102

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

Name of Employer Self Occupation Entrepreneur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987625

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Carol Shuh

Mailing Address 7505 Fisher Drive

City State Zip Code
Falls Church VA 22043

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985144

Amount of Each Receipt this Period
30.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1085 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lesley D. Birch

Mailing Address 135 Rio Robles E # 122

City State Zip Code
San Jose CA 95134

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

Name of Employer Occupation
BD Master Data Steward

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1989671

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. George Ranney

Mailing Address 91 Prospect Street

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
NYS Tax Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980898

Amount of Each Receipt this Period
15.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Leslie Wagner

Mailing Address 1520 York Ave. #23B

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
n/a Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978163

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1086 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary Elizabeth Gordon

Mailing Address 8101 Pennsylvania Lane

City State Zip Code
Kansas City MO 64114

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980830

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Suzy Platt

Mailing Address 807 N. Howard, # 314

City State Zip Code
Alexandria VA 22304

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

Name of Employer 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
0 1 / 1 6 / 2 0 0 6

Transaction ID: 1983972

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Whitehead

Mailing Address 6024 Songbird Drive

City State Zip Code
Pensacola FL 32503

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980896

Amount of Each Receipt this Period
25.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1087 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Rosalie Davison

Mailing Address 18 Branchwood Court

City State Zip Code
Baltimore MD 21208

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

Name of Employer Self Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980832

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Ann I. Schneider

Mailing Address 3319 Fessenden St., NW

City State Zip Code
Washington DC 20008

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
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978901

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Karen B. Redlener

Mailing Address 41 Saldo Circle

City State Zip Code
New Rochelle NY 10804

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

Name of Employer Montefiore Med Center Occupation Health Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980244

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1088 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Beverly J. Hanson

Mailing Address PO Box 570711

City State Zip Code
Tarzana CA 91357

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986813

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Charlotte S. Bird

Mailing Address 4182 Ingalls Street

City State Zip Code
San Diego CA 92103

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

Name of Employer Occupation
Self Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987586

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Carol A. Seibert

Mailing Address 2611 Lake Street

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
San Francisco Wine Competition Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 1989658

Amount of Each Receipt this Period
25.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1089 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Kathe D. Thompson

Mailing Address 15109 Banbury Way

City State Zip Code
Wellington FL 33414

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1988274

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Emma Rosow

Mailing Address 122 Green Way

City State Zip Code
Wayland MA 01778

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987254

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Denise D. Price

Mailing Address 620 E. Rockaway Drive

City State Zip Code
Placentia CA 92870

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

Name of Employer Occupation
Pacific Care of CA Project Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980253

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1090 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|--|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Robert Kansas Mailing Address 725 Robin Way S. City State Zip Code Satellite Beach FL 32937 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1978963 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">50.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 | 50.00 | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8">0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|--|--|--|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Nancy Macchia Mailing Address 457 Beacon Street, # 5 City State Zip Code Boston MA 02115 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1989666 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">50.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 7 | | 2 | 0 | 0 | 6 | 50.00 | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 7 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Self employed Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8">0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|--|--|--|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. David A. Pyne Mailing Address 7248 Eaton Court City State Zip Code Dexter MI 48130 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1988271 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">50.00</td> </tr> </table> Claire McCaskill Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 | 50.00 | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | | | | | | | | |
| 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8">0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1091 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sarah Dunning

Mailing Address 9239 Hathaway Street

City State Zip Code
Dallas TX 75220

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

Name of Employer Self Occupation Interior Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1987527

Amount of Each Receipt this Period
200.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Roslyn Barouch

Mailing Address 6215 W. 77th Street

City State Zip Code
Los Angeles CA 90045

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986802

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Katherine E. Howard

Mailing Address 717 9th Avenue

City State Zip Code
San Francisco CA 94118

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

Name of Employer self Occupation Landscape Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986726

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1092 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marla D. Jensen

Mailing Address 1615 Bittern Court

City State Zip Code
Carlsbad CA 92011

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987641

Amount of Each Receipt this Period
200.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Shirley A. Bandy

Mailing Address 100 Mortier Drive, # 506

City State Zip Code
College Station TX 77845

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

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987225

Amount of Each Receipt this Period
10.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Judith S. Russell

Mailing Address 2426 Westside Drive

City State Zip Code
North Chili NY 14514

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

Name of Employer Occupation
Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987632

Amount of Each Receipt this Period
50.00

Claire McCaskill 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

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|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1093 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Janet Amphlett

Mailing Address 8 1/2 Ash Street Place

City State Zip Code
Cambridge MA 02138

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987612

Amount of Each Receipt this Period
20.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 31 Dogwood Lane

City State Zip Code
Pomona NY 10970

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1979013

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Lorna Brodtkorb

Mailing Address 123 Sharon Road
PO Box 1597

City State Zip Code
Lakeville CT 06039

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 / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988317

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

| | |
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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1094 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Lawrie Nickerson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address PO Box 205 | | Transaction ID: 1987537 |
| City State Zip Code Grafton NY 12082 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Schenectary Schools 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. Mr. Christopher H. Walker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 101 Cherrywood Road | | Transaction ID: 1978700 |
| City State Zip Code Port Matilda PA 16870 | Amount of Each Receipt this Period 5.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Penn State University librarian | [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) C. Mr. Kenneth R. Deed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 657A Heritage Village | | Transaction ID: 1988256 |
| City State Zip Code Southbury CT 06488 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1095 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Carol L. Hobart

Mailing Address 9367 Nesbitt Road

City State Zip Code
Bloomington MN 55437

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 / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1989966

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Melody S. Robidoux

Mailing Address 10128 Se 16Th Place

City State Zip Code
Bellevue WA 98004

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1988977

Amount of Each Receipt this Period
1000.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Emily Gene Reed

Mailing Address 2241 165th Street

City State Zip Code
Spirit Lake IA 51360

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985171

Amount of Each Receipt this Period
100.00

Claire McCaskill 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**

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|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1096 / 1289 |
| | <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. Ms. Jean Stapleton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 3232 Philo Street | | Transaction ID: 1986742 | |
| City State Zip Code Los Angeles CA 90064 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation East LA College Professor | [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. Ms. Shirley M. Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 146 Tudor Oval | | Transaction ID: 1987207 | |
| City State Zip Code Westfield NJ 07090 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Retired | [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) C. Ms. Lynne N. Roberts | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1212 McKinley Drive | | Transaction ID: 1980910 | |
| City State Zip Code Roseville CA 95661 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation State of Calif. Analyst | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1097 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Heather K. Taylor

Mailing Address 6432 Old Goose Creek Rd

City Middleburg State VA Zip Code 20117

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987233

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Carl E. Langenhop

Mailing Address 2200 Greentree N. Apt. 1107

City Clarksville State IN Zip Code 47129

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989526

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Phyllis G. Ceaser

Mailing Address 22 San Jose Court

City Walnut Creek State CA Zip Code 94598

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

Name of Employer Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1987633

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1098 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mrs. Janet K. Archer Mailing Address 6153 North Mattox Road City State Zip Code Kansas City MO 64151 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987290 Amount of Each Receipt this Period 100.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation R & J Archer Petroleum LLC Owner/CEO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Susan T. Baumgarten Mailing Address 61 Westgate Blvd. City State Zip Code Plandome NY 11030 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986708 Amount of Each Receipt this Period 15.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Eleanor J. Katz Mailing Address 315 West 70th Street, # 9H City State Zip Code New York NY 10023 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Transaction ID: 1984186 Amount of Each Receipt this Period 50.00 Claire McCaskill Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1099 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Edith Hersher

Mailing Address 212 Beers Road

City Easton State CT Zip Code 06612

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978976

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Alan Saleski

Mailing Address 2116 Harrison Street

City Evanston State IL Zip Code 60201

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

Name of Employer Occupation Professor
Loyola University Chicago

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1978166

Amount of Each Receipt this Period
75.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Gino Crocetti

Mailing Address 652 W. 163 Street # 28

City New York State NY Zip Code 10032

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

Name of Employer Occupation Teacher
city & country school

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 08 / 2006

Transaction ID: 1976977

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1100 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
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| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Ann O. Jost

Mailing Address 5929 Heather Drive, S.W.

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1987551

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Carolee W. Morris

Mailing Address 6497 Walden Pond Lane

City State Zip Code
Southport NC 28461

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980873

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Todd Evans

Mailing Address 2086 East Lake Road

City State Zip Code
Atlanta GA 30307

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

Name of Employer Occupation
Self Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987660

Amount of Each Receipt this Period
1000.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1101 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jean S. Kahan

Mailing Address 2022 Brookside Drive

City State Zip Code
Scotch Plains NJ 07076

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980876

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Lucille Cooper

Mailing Address 5460 Paseo del Lago, # A

City State Zip Code
Laguna Woods CA 92637

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987276

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Frances G. Pepper

Mailing Address 233 Oliver Road

City State Zip Code
Cincinnati OH 45215

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

Name of Employer Occupation
volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987242

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1102 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Kearney

Mailing Address 235 S. Mansfield Avenue

City State Zip Code
Los Angeles CA 90036

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

Name of Employer Occupation
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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989542

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen Geissler

Mailing Address 522 Highland Avenue

City State Zip Code
East Lansing MI 48823

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

Name of Employer Occupation
MI State University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986747

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Robert C. West

Mailing Address 305 Nautilus Drive

City State Zip Code
Madison WI 53705

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

Name of Employer Occupation
professor Univ. of Wisconsin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988277

Amount of Each Receipt this Period
250.00

Claire McCaskill 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1103 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Penn Payne | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 999 Peachtree Street, NE Ste. 2610 | | Transaction ID: 1987546 | |
| City Atlanta State GA Zip Code 30309 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Kirkley & Payne Occupation Attorney | | [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. Full Name (Last, First, Middle Initial) Ms. Sondra Stein | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 905 East Oak Dr | | Transaction ID: 1980866 | |
| City Durham State NC Zip Code 27705 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Occupation REQUESTED | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dr. Jan S. Keithly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 48 Elm Street | | Transaction ID: 1986754 | |
| City Albany State NY Zip Code 12202 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer NY State Occupation 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 | |

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|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1104 / 1289 |
| | <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. Ms. Janet Eaton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1235 Marriottsville Road | | Transaction ID: 1989580 | |
| City State Zip Code Marriottsville MD 21104 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Housewife | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kathryn A. Gardow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 5063 Harold Place NE | | Transaction ID: 1984271 | |
| City State Zip Code Seattle WA 98105 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation owner | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Sondra Langweil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 37 Valerian Court | | Transaction ID: 1989645 | |
| City State Zip Code N. Bethesda MD 20852 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1105 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Kondon

Mailing Address 29910 Avenida Anillo

City RanchoPalosVerdes State CA Zip Code 90275

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

Name of Employer Pro Unlimited Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980878

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Lillian Kellman

Mailing Address PO Box 8

City Menemsha State MA Zip Code 02552

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

Name of Employer self Occupation Story-teller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1987540

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Barbara J. Corwin

Mailing Address 1230 Winding Ridge Terrace

City Colorado Springs State CO Zip Code 80919

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

Name of Employer Sun Microsystems Occupation Software Engineering Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978940

Amount of Each Receipt this Period
200.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1106 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Genevra K. Loveland

Mailing Address 4801 Connecticut Avenue #212

City Washington State DC Zip Code 20008

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

Name of Employer Federal Judicial Center Occupation Attorney-Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987284

Amount of Each Receipt this Period
35.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Shelley S. Gordon

Mailing Address 300 N State St Apt 3433

City Chicago State IL Zip Code 60610

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

Name of Employer Self Occupation management consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987245

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Pamela H. Roderick

Mailing Address 111 Hicks Street, # 25b

City Brooklyn State NY Zip Code 11201

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
01 / 17 / 2006

Transaction ID: 1985175

Amount of Each Receipt this Period
100.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1107 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Barbara D. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4800 23rd Road S. | | Transaction ID: 1985151 | |
| City Arlington | State VA | Zip Code 22206 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer | Occupation REQUESTED | [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. Ms. Marcia Susan Kupferberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 2001 Hamilton Street Unit 502 | | Transaction ID: 1989589 | |
| City Philadelphia | State PA | Zip Code 19130 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Self | Occupation Attorney | [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) C. Ms. Tamara Harris | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 10175 Sunstar Road | | Transaction ID: 1990540 | |
| City Monterey | State CA | Zip Code 93940 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer | Occupation REQUESTED | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1108 / 1289 |
| | <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. Ms. Patsy Rogers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address PO Box 616 | | Transaction ID: 1979011 | |
| City State Zip Code New Suffolk NY 11956 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Self Occupation Composer/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. Ms. Mary Anne Schwalbe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 129 East 69th Street, # 12A | | Transaction ID: 1987212 | |
| City State Zip Code New York NY 10021 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | | [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) C. Ms. Rita M. Lang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 2 Red Oak Road | | Transaction ID: 1987600 | |
| City State Zip Code Greenville SC 29615 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1109 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Gayle R. Hardt

Mailing Address 6977 Wentworth Ave. SW

City State Zip Code
Port Orchard WA 98367

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

Name of Employer Occupation
United Airlines Flight Attendant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989626

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Judith C. Malott

Mailing Address 1382 Newtown Langhorne Rd # N101

City State Zip Code
Newtown PA 18940

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978895

Amount of Each Receipt this Period
250.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Patty Jay

Mailing Address 11213 Clear Oak Circle

City State Zip Code
New Port Richey FL 34654

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988261

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1110 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Jon A. Grabanski

Mailing Address 1385 Awatukee Trail

City State Zip Code
Hudson WI 54016

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

Name of Employer Occupation
U.S. Postal Service Letter Carrier

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1988963

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carolyn McKenzie

Mailing Address 11090 SE 240th Place

City State Zip Code
Gresham OR 97080

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1980862

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Jonathan Rigg

Mailing Address 15 Potter Street

City State Zip Code
Brunswick ME 04011

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

Name of Employer Occupation
L.L. Bean Customer Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1987579

Amount of Each Receipt this Period
25.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1111 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Dr. Steven S. Saeger | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4474 Greenbriar Blvd | | Transaction ID: 1989653 |
| City State Zip Code Boulder CO 80305 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Analysis Group, Inc. Occupation Economist | [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. Ms. Ruth B. Lefevre | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 33664 Hampton Road | | Transaction ID: 1989975 |
| City State Zip Code Eugene OR 97405 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [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) C. Ms. Paula L Florence | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 6 |
| Mailing Address 2413 48th Avenue NW | | Transaction ID: 1989642 |
| City State Zip Code Gig Harbor WA 98335 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Kitsap Co Consol Hsng Auth Occupation Director of Finance | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1112 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Alice I. Wiren | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 4250 NE 88th Street | | Transaction ID: 1985147 | |
| City State Zip Code Seattle WA 98115 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|--|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Denise Gregory | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 4233 County Road 4006 | | Transaction ID: 1980892 | |
| City State Zip Code Tebbetts MO 65080 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer State of Missouri Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Personnel Analyst | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Patricia T. Colburn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 1559 Oakdale Street | | Transaction ID: 1987594 | |
| City State Zip Code Pasadena CA 91106 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1113 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Dorothy Baker

Mailing Address 4196 Diamond Drive

City State Zip Code
Eagan MN 55122

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

Name of Employer Occupation
Abbott-NorthWestern Hos. RN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986782

Amount of Each Receipt this Period
100.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Rubin, Ph.D.

Mailing Address 7 Lexington Avenue

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986750

Amount of Each Receipt this Period
15.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Kathryn G. Janson

Mailing Address 193K Marthas Road

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986821

Amount of Each Receipt this Period
50.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1114 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Nancy F. Owen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 5032 Garfield Avenue, South | | Transaction ID: 1978921 | |
| City State Zip Code Minneapolis MN 55419 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Self Occupation Financial | [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. Full Name (Last, First, Middle Initial) Mr. Harold Tulchin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 8 Rittenhouse Road | | Transaction ID: 1987194 | |
| City State Zip Code Bronxville NY 10708 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Phyllis Freeland Broyles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address PO Box 2216 | | Transaction ID: 1985167 | |
| City State Zip Code McKinleyville CA 95519 | Amount of Each Receipt this Period 35.00 | | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1115 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Mary B. Rose | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 706 Kettner Blvd | | Transaction ID: 1987561 |
| City State Zip Code San Diego CA 92101 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer Grosswont-Cuyamaca | Occupation Comm. College Counselor | [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. Full Name (Last, First, Middle Initial) Ms. Jean H. Kindleberger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 19 Prentiss Street | | Transaction ID: 1989981 |
| City State Zip Code Cambridge MA 02140 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer | Occupation Retired | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Ruth M. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 506 | | Transaction ID: 1989540 |
| City State Zip Code Avon IL 61415 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | |
| Name of Employer | Occupation Retired | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1116 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Julie F. Codell | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 1316 E. McNair Drive | | Transaction ID: 1988289 | |
| City State Zip Code Tempe AZ 85283 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Arizona State University Professor | [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. Full Name (Last, First, Middle Initial) Ms. Molly Cronin | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 18955 Ridgewood Road | | Transaction ID: 1986808 | |
| City State Zip Code Wayzata MN 55391 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Self MSW | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dr. Kathryn M. Anastos, M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 41 Lewis Parkway | | Transaction ID: 1987204 | |
| City State Zip Code Yonkers NY 10705 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Montefiore medical Center Physician | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1117 / 1289 |
| <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. Mr. Robert A. Summers | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 185 Maple Street | | Transaction ID: 1987192 | |
| City State Zip Code Burlington VT 05401 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Film/Audio Services, Inc | | Occupation archivist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Kenneth W. Salinger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 18 Putnam Road | | Transaction ID: 1971874 | |
| City State Zip Code Arlington MA 02474 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer Edwards Angell Palmer & Dodge LLP | | Occupation Lawyer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Landon Storrs | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1817 Oxford Street | | Transaction ID: 1989987 | |
| City State Zip Code Houston TX 77008 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Claire McCaskill Contributions | |
| Name of Employer University of Houston | | Occupation professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |
| | | [MEMO ITEM] MEMO | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1118 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Diane J. Wroblewski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 11 Rosemary Court | | Transaction ID: 1986031 | |
| City State Zip Code Midland MI 48640 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Self-employed Toxicologist | [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. Ms. Anne Casscells | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 735 Nevada Ave. | | Transaction ID: 1980882 | |
| City State Zip Code San Mateo CA 94402 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Stanford University Finance | [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) C. Ms. Elizabeth A. Sherwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 403 James Wood Court | | Transaction ID: 1987186 | |
| City State Zip Code New Milford NJ 07646 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Claire McCaskill Contributions | | |
| Name of Employer Occupation Dickstein, Shapiro, Morin- & Oshinsky Attorney | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1119 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer 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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985184

Amount of Each Receipt this Period
25.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Barbara J. Grosz

Mailing Address 264 Mason Terrace

City State Zip Code
Brookline MA 02446

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

Name of Employer Occupation
Harvard Prof.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980848

Amount of Each Receipt this Period
250.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Shari Schubot

Mailing Address 1471 Folsom Road

City State Zip Code
Loxahatchee FL 33470

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

Name of Employer Occupation
self artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986692

Amount of Each Receipt this Period
10.00

Claire McCaskill 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1120 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Tuson

Mailing Address 101 Rudy's Knob Lane
P.O. Box 4678

City Arcata State CA Zip Code 95521

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

Name of Employer Self Occupation Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987617

Amount of Each Receipt this Period
15.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Pat Harris

Mailing Address 3502 E. 4th Street

City Tucson State AZ Zip Code 85716

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986786

Amount of Each Receipt this Period
50.00

Claire McCaskill Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Bruce Theunissen

Mailing Address 10815 Hayfield Drive

City Dallas State TX Zip Code 75238

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 1988315

Amount of Each Receipt this Period
50.00

Debbie Stabenow 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1121 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Martha E. Warner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 3817 Guest Road | | Transaction ID: 1985194 | |
| City State Zip Code Jackson MI 49203 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | Debbie Stabenow Contributions | | |
| Name of Employer Occupation Occupation REQUESTED | [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. Ms. Sue Beth Brouillet | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address PO Box 79 4472 Lois Lane | | Transaction ID: 1989586 | |
| City State Zip Code Genesee MI 48437 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Debbie Stabenow Contributions | | |
| Name of Employer Occupation Occupation Retired | [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) C. Ms. Mary Jo Baumann | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 722 Emerson Street | | Transaction ID: 1980893 | |
| City State Zip Code Madison WI 53715 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Debbie Stabenow Contributions | | |
| Name of Employer Occupation Planned Parenthood Of WI Nurse Practitioner | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1122 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Linda Yenkin Mailing Address 123 Cypress Street City State Zip Code Newton Center MA 02459 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Transaction ID: 1978953 Amount of Each Receipt this Period 75.00 Debbie Stabenow Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Tewksbury State Hospital Social Worker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Janet Brody Mailing Address 506 Conshohocken State Road City State Zip Code Narberth PA 19072 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 1989567 Amount of Each Receipt this Period 35.00 Debbie Stabenow Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Park Plessort, Inc. NHA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sarah Hruska Mailing Address 6769 Five Mile Pt. Road City State Zip Code Allouez MI 49805 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986744 Amount of Each Receipt this Period 100.00 Debbie Stabenow Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation BHK Child Development Bd. Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1123 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985179

Amount of Each Receipt this Period
25.00

Debbie Stabenow Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Gino Crocetti

Mailing Address 652 W. 163 Street # 28

City State Zip Code
New York NY 10032

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

Name of Employer city & country school Occupation
Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2006

Transaction ID: 1976979

Amount of Each Receipt this Period
50.00

Debbie Stabenow Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Gwendolyn B. Straight

Mailing Address 651 Sinex Avenue
Apt. D108

City State Zip Code
Pacific Grove CA 93950

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978982

Amount of Each Receipt this Period
50.00

Debbie Stabenow 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1124 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sybil S. Craig

Mailing Address 285 Clover Hills Drive

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980837

Amount of Each Receipt this Period
300.00

Debbie Stabenow Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Elizabeth T. Deland

Mailing Address PO Box 69

City State Zip Code
Klamath River CA 96050

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

Name of Employer Occupation
Deland Law Office Paralegal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 1989989

Amount of Each Receipt this Period
50.00

Debbie Stabenow Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Roy Lambert

Mailing Address 12300 NW 56th Ave

City State Zip Code
Gainesville FL 32653

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980851

Amount of Each Receipt this Period
15.00

Debbie Stabenow 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1125 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Matthew D. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 3100 Lake Mendota Drive Apt. 706 | | Transaction ID: 1978911 | |
| City State Zip Code Madison WI 53705 | | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer Occupation Univ. of WI Physician | | [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. Full Name (Last, First, Middle Initial) Ms. Wendy L. Kahn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 5207 Baltimore Avenue | | Transaction ID: 1980844 | |
| City State Zip Code Bethesda MD 20816 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer Occupation Zwerling Paul, et. al. Attorney | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Conrad M. Goodwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 | |
| Mailing Address 4801 Westover Terrace | | Transaction ID: 1988312 | |
| City State Zip Code Knoxville TN 37914 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer Occupation Self author | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1126 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Stephanie L. Blevins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 2931 Broad Street Unit 132 | | Transaction ID: 1989524 | |
| City State Zip Code Bristol TN 37620 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer Glaxo Smith Kline | Occupation Administrative Assit | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Diane J. Wroblewski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 11 Rosemary Court | | Transaction ID: 1986033 | |
| City State Zip Code Midland MI 48640 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer Self-employed | Occupation Toxicologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sandra Reed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6560 Kelsey Point Circle | | Transaction ID: 1978902 | |
| City State Zip Code Alexandria VA 22315 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Debbie Stabenow Contributions | |
| Name of Employer US Navy | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1127 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Salinger

Mailing Address 18 Putnam Road

City State Zip Code
Arlington MA 02474

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

Name of Employer
Edwards Angell Palmer & Dodge LLP

Occupation
Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

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

Transaction ID: 1971878

Amount of Each Receipt this Period
250.00

Debbie Stabenow Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Meg Dwyer

Mailing Address 128 Gables Place

City State Zip Code
Rutland VT 05701

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

Name of Employer

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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987295

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Rosalie Davison

Mailing Address 18 Branchwood Court

City State Zip Code
Baltimore MD 21208

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

Name of Employer
Self

Occupation
Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

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

Transaction ID: 1980836

Amount of Each Receipt this Period
100.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1128 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Phoebe Hansen

Mailing Address 1716 Northfield Sq Apt. A

City Northfield State IL Zip Code 60093

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989533

Amount of Each Receipt this Period
100.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Pat Harris

Mailing Address 3502 E. 4th Street

City Tucson State AZ Zip Code 85716

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986784

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Doe Mayer

Mailing Address 1263 Fernwood Pacific

City Topanga State CA Zip Code 90290

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

Name of Employer USC Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986715

Amount of Each Receipt this Period
100.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1129 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Janet Eaton | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1235 Marriottsville Road | | Transaction ID: 1989581 | |
| City State Zip Code Marriottsville MD 21104 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Occupation Housewife | [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. Ms. Frances P. Hanners | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 3007 Plymouth Drive | | Transaction ID: 1980250 | |
| City State Zip Code Bellingham WA 98225 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Occupation Retired | [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) C. Mrs. Helen Stevenson Simmons | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address PO Box 965 | | Transaction ID: 1986705 | |
| City State Zip Code Pauma Valley CA 92061 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Self Avocado Grower | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1130 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985182

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Beverly J. Hanson

Mailing Address PO Box 570711

City State Zip Code
Tarzana CA 91357

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986811

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Phyllis Freeland Broyles

Mailing Address PO Box 2216

City State Zip Code
McKinleyville CA 95519

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985168

Amount of Each Receipt this Period
35.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1131 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Lawrie Nickerson

Mailing Address PO Box 205

City State Zip Code
Grafton NY 12082

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

Name of Employer Occupation
Schenectary Schools Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987538

Amount of Each Receipt this Period
250.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Mary Grisco

Mailing Address P.O. Box 202045

City State Zip Code
Anchorage AK 99520

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

Name of Employer Occupation
Nat'l Parks & Conservation As. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986711

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Catherine A. Gant

Mailing Address P. O. Box 1253

City State Zip Code
Silverthorne CO 80498

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989528

Amount of Each Receipt this Period
100.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1132 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. George Ranney

Mailing Address 91 Prospect Street

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
NYS Tax Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980899

Amount of Each Receipt this Period
15.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Roger Duba

Mailing Address 2802 Las Gallinas Avenue

City State Zip Code
San Rafael CA 94903

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987562

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Robert Kansas

Mailing Address 725 Robin Way S.

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978961

Amount of Each Receipt this Period
25.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1133 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Lou Serra Mailing Address 2525 Pennsylvania Avenue City Weirton State WV Zip Code 26062 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 1985189 Amount of Each Receipt this Period 250.00 Diane Farrell Contributions [MEMO ITEM] MEMO |
| Name of Employer Weirton Geriatric Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Katherine E. Howard Mailing Address 717 9th Avenue City San Francisco State CA Zip Code 94118 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986724 Amount of Each Receipt this Period 100.00 Diane Farrell Contributions [MEMO ITEM] MEMO |
| Name of Employer self Occupation Landscape Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Anne Hill Mailing Address 121 S. Hunt Road City Carbondale State IL Zip Code 62902 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1987524 Amount of Each Receipt this Period 50.00 Diane Farrell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1134 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Patsy Rogers

Mailing Address PO Box 616

City State Zip Code
New Suffolk NY 11956

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

Name of Employer Self Occupation Composer/Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1979010

Amount of Each Receipt this Period
250.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Janet McAfee

Mailing Address 10232 Avenida Magnifica

City State Zip Code
San Diego CA 92131

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

Name of Employer U of Calif. of San Diego Occupation Career Counselor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980923

Amount of Each Receipt this Period
150.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Betty Joe Whitcomb

Mailing Address 2624 Halibut Point Road

City State Zip Code
Sitka AK 99835

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

Name of Employer US Depto of Health & Human Services Occupation Clinical Laboratory Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987521

Amount of Each Receipt this Period
25.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1135 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Ann M. Gold

Mailing Address 64 Chichester Road

City State Zip Code
Monroe Twsp NJ 08831

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978928

Amount of Each Receipt this Period
108.00

Diane Farrell Contributions

**[MEMO ITEM]
MEMO**

B. Full Name (Last, First, Middle Initial)
Ms. Nancy F. Owen

Mailing Address 5032 Garfield Avenue, South

City State Zip Code
Minneapolis MN 55419

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

Name of Employer Occupation
Self Financial

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978923

Amount of Each Receipt this Period
100.00

Diane Farrell Contributions

**[MEMO ITEM]
MEMO**

C. Full Name (Last, First, Middle Initial)
Ms. Edith Hersher

Mailing Address 212 Beers Road

City State Zip Code
Easton CT 06612

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978972

Amount of Each Receipt this Period
50.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1136 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Bill Handschin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 2095 Skyway Drive | | Transaction ID: 1980886 | |
| City State Zip Code Saint Paul MN 55119 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Talent Management Consult. Phychologist | [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. Full Name (Last, First, Middle Initial) Ms. Faye Dudden | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 114 Scottholm Terrace | | Transaction ID: 1989553 | |
| City State Zip Code Syracuse NY 13224 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Union College Professor | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Marjorie E. Vanek | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 10241 York Road | | Transaction ID: 1989573 | |
| City State Zip Code N. Royalton OH 44133 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Cuyahoga Cty. Pub. Lib. Library Clerk | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1137 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Chuck Williams | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 20540 Pinnacle Way | | Transaction ID: 1986792 | |
| City State Zip Code Malibu CA 90265 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Williams & Associate | Occupation Consultant | [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. Full Name (Last, First, Middle Initial) Mr. Michael C. Chielens | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 525 Morris SE | | Transaction ID: 1985156 | |
| City State Zip Code Grand Rapids MI 49503 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer western michigan legal services | Occupation Attorney | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Roy Lambert | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 12300 NW 56th Ave | | Transaction ID: 1980856 | |
| City State Zip Code Gainesville FL 32653 | Amount of Each Receipt this Period 15.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer | Occupation REQUESTED | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1138 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Kathryn A. Gardow | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 5063 Harold Place NE | | Transaction ID: 1984270 | |
| City State Zip Code Seattle WA 98105 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation KGA, LLC owner | [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. Ms. Judy B. Peters | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 201 Foxglove Lane | | Transaction ID: 1986036 | |
| City State Zip Code Azalea OR 97410 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation S Umpqua Sch District 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) C. Mr. James A. Pendergrass | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 2001 S 11th St | | Transaction ID: 1989544 | |
| City State Zip Code Springfield IL 62703 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Diane Farrell Contributions | | |
| Name of Employer Occupation Self Private Contractor | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1139 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Claudia S. Rose

Mailing Address PO Box 873

City Enosburg Fls State VT Zip Code 05450

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

Name of Employer Wayne State University Occupation MASSAGE THERAPIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980846

Amount of Each Receipt this Period
100.00

Diane Farrell Contributio-ns

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Jan S. Keithly

Mailing Address 48 Elm Street

City Albany State NY Zip Code 12202

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

Name of Employer NY State Occupation Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986753

Amount of Each Receipt this Period
250.00

Diane Farrell Contributio-ns

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Melinda G. Wright

Mailing Address PO Box 225

City Groveland State CA Zip Code 95321

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

Name of Employer Big Oak Flat-Groveland School Dist. Occupation Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978892

Amount of Each Receipt this Period
50.00

Diane Farrell Contributio-ns

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1140 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Kate E. Jaycox

Mailing Address 4512 34th Avenue South

City State Zip Code
Minneapolis MN 55406

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

Name of Employer Occupation
Bill Bradley for Presiden Fundraiser

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1990432

Amount of Each Receipt this Period
25.00

Diane Farrell Contributio-ns

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Audrey C. Bell

Mailing Address 44866 N. Rodin Avenue

City State Zip Code
Lancaster CA 93535

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1978907

Amount of Each Receipt this Period
50.00

Diane Farrell Contributio-ns

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Gloria M. Gray

Mailing Address 436 Crestover Circle

City State Zip Code
Richardson TX 75080

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986702

Amount of Each Receipt this Period
50.00

Diane Farrell Contributio-ns

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1141 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Diana L. Morabito

Mailing Address 1976 Abinante Lane

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Siemens Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2006

Transaction ID: 1986736

Amount of Each Receipt this Period
50.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Robert Cohen

Mailing Address 25 Richelieu Street

City State Zip Code
Norwalk CT 06850

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980912

Amount of Each Receipt this Period
100.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Ann S. Ziegler

Mailing Address 1009 Los Arboles Avenue NW

City State Zip Code
Albuquerque NM 87107

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986805

Amount of Each Receipt this Period
50.00

Diane Farrell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1142 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Douglas B. Tucker

Mailing Address 1519 Escalona Drive

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986798

Amount of Each Receipt this Period
100.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Bonnie Linde

Mailing Address 40 Palm Court

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980869

Amount of Each Receipt this Period
25.00

Diane Farrell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985188

Amount of Each Receipt this Period
25.00

Kathy Castor 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1143 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Sven A. E. Ottersten

Mailing Address 9312 N. Charleston Avenue

City State Zip Code
Portland OR 97203

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980919

Amount of Each Receipt this Period
100.00

Kathy Castor Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Estelle Loeb

Mailing Address 8286 Caminito Lacayo

City State Zip Code
La Jolla CA 92037

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989518

Amount of Each Receipt this Period
50.00

Kathy Castor Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Robert Kansas

Mailing Address 725 Robin Way S.

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978956

Amount of Each Receipt this Period
25.00

Kathy Castor 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1144 / 1289 |
| | <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. Mr. Tom S. Zeller | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6620 East State Road 45 | | Transaction ID: 1976984 | |
| City State Zip Code Bloomington IN 47408 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Kathy Castor Contributions | |
| Name of Employer indiana university | Occupation systems analyst | [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. Ms. Mary Fay Nelson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 12131 Long Ridge Lane | | Transaction ID: 1987566 | |
| City State Zip Code Bowie MD 20715 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Kathy Castor Contributions | |
| Name of Employer Self | Occupation Geneologist | [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) C. Ms. Edith Hersher | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 212 Beers Road | | Transaction ID: 1978971 | |
| City State Zip Code Easton CT 06612 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Kathy Castor Contributions | |
| Name of Employer | Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1145 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Rose Norman

Mailing Address 5012 Sunningdale Avenue NE

City State Zip Code
Albuquerque NM 87110

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978875

Amount of Each Receipt this Period
20.00

Kathy Castor Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Gloria G. Feltman

Mailing Address 7453 Granville Dr Bldg I

City State Zip Code
Tamarac FL 33321

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980929

Amount of Each Receipt this Period
50.00

Kathy Castor Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Glenda M. Dugan

Mailing Address 199 Los Banos Avenue

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer Occupation
US EPA Life Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978985

Amount of Each Receipt this Period
50.00

Kathy Castor 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1146 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Rosalie Davison

Mailing Address 18 Branchwood Court

City State Zip Code
Baltimore MD 21208

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

Name of Employer Self Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980833

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Susan L. Burke

Mailing Address 3815 The Oak Rd

City State Zip Code
Philadelphia PA 19129

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

Name of Employer Mintz Levin Occupation Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985155

Amount of Each Receipt this Period
500.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Deidre Young

Mailing Address 377 Mill Lane

City State Zip Code
Phoenixville PA 19460

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986817

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1147 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Margaret N. Banning

Mailing Address PO Box 397

City State Zip Code
Gambier OH 43022

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980850

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Judith F. Ostrow

Mailing Address 3604 NW 60th Street

City State Zip Code
Seattle WA 98107

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978943

Amount of Each Receipt this Period
250.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Phoebe Hansen

Mailing Address 1716 Northfield Sq Apt. A

City State Zip Code
Northfield IL 60093

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989534

Amount of Each Receipt this Period
100.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1148 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Margery B. Thompson

Mailing Address 3512 Shepherd Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Self Occupation Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980249

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne Lerner

Mailing Address 127 E. Ninth Street, # 1103

City State Zip Code
Los Angeles CA 90015

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

Name of Employer Lerner et Cie Occupation Owner-Sales Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1971920

Amount of Each Receipt this Period
500.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Pat Harris

Mailing Address 3502 E. 4th Street

City State Zip Code
Tucson AZ 85716

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986787

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1149 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. David Harbater | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1711 Lombard St | | Transaction ID: 1978946 | |
| City State Zip Code Philadelphia PA 19146 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer Occupation Univ. of Penn Mathetician | | [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. Full Name (Last, First, Middle Initial) Ms. Doe Mayer | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1263 Fernwood Pacific | | Transaction ID: 1986716 | |
| City State Zip Code Topanga CA 90290 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer Occupation USC Professor | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Janet Eaton | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1235 Marriottsville Road | | Transaction ID: 1989579 | |
| City State Zip Code Marriottsville MD 21104 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer Occupation Housewife | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1150 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sherry L. Guzzi

Mailing Address PO Box 7763

City State Zip Code
Tahoe City CA 96145

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

Name of Employer Self Occupation Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1985165

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Julie I. Fershtman

Mailing Address 31700 Briarcliff Road

City State Zip Code
Franklin MI 48025

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

Name of Employer Law Offc. Julie Fershtman Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978920

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Beverly J. Hanson

Mailing Address PO Box 570711

City State Zip Code
Tarzana CA 91357

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986814

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1151 / 1289 |
| | <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. Ms. Marjorie E. Vanek | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 10241 York Road | | Transaction ID: 1989575 | |
| City State Zip Code N. Royalton OH 44133 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | | |
| Name of Employer Occupation Cuyahoga Cty. Pub. Lib. Library Clerk | [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. Mr. Roy Lambert | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 12300 NW 56th Ave | | Transaction ID: 1980855 | |
| City State Zip Code Gainesville FL 32653 | Amount of Each Receipt this Period 15.00 | | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | | |
| Name of Employer Occupation REQUESTED | [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) C. Phyllis Freeland Broyles | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address PO Box 2216 | | Transaction ID: 1985169 | |
| City State Zip Code McKinleyville CA 95519 | Amount of Each Receipt this Period 35.00 | | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1152 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Rosalie Heller

Mailing Address 301 El Viento Street

City State Zip Code
Los Alamos NM 87544

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980242

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Catherine A. Gant

Mailing Address P. O. Box 1253

City State Zip Code
Silverthorne CO 80498

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989531

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Virginia Strong Newlin

Mailing Address 299 Devon Lane

City State Zip Code
West Chester PA 19380

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

Name of Employer Occupation
Teacher/Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980906

Amount of Each Receipt this Period
100.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1153 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. John M. Jevitts

Mailing Address 97 North Main Street

City State Zip Code
West Hartford CT 06107

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

Name of Employer Occupation
university student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2006

Transaction ID: 1986685

Amount of Each Receipt this Period
10.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. George Ranney

Mailing Address 91 Prospect Street

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
NYS Tax Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980903

Amount of Each Receipt this Period
20.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Vivian S. Crabtree

Mailing Address 2661 Tallant Rd Apt MN724

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985161

Amount of Each Receipt this Period
100.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1154 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Joseph C. Najpaver

Mailing Address 154 Lombard, # 46

City State Zip Code
San Francisco CA 94111

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980255

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Douglas B. Tucker

Mailing Address 1519 Escalona Drive

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986800

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1985183

Amount of Each Receipt this Period
25.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1155 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Anna Mary Miller

Mailing Address 7830 S Leewynn Drive

City State Zip Code
Sarasota FL 34240

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978880

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol R. Ceglowski

Mailing Address 258 Mather Road

City State Zip Code
Jenkintown PA 19046

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989556

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Robert Kansas

Mailing Address 725 Robin Way S.

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978964

Amount of Each Receipt this Period
25.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1156 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Lou Serra

Mailing Address 2525 Pennsylvania Avenue

City State Zip Code
Weirton WV 26062

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

Name of Employer Occupation
Weirton Geriatric Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1985190

Amount of Each Receipt this Period
250.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Katherine E. Howard

Mailing Address 717 9th Avenue

City State Zip Code
San Francisco CA 94118

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

Name of Employer Occupation
self Landscape Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986727

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

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

Mailing Address 250 Grape Street

City State Zip Code
Philadelphia PA 19128

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

Name of Employer Occupation
Moore College Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1980905

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1157 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary Fay Nelson

Mailing Address 12131 Long Ridge Lane

City State Zip Code
Bowie MD 20715

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

Name of Employer Self Occupation Geneologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1987568

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Tom S. Zeller

Mailing Address 6620 East State Road 45

City State Zip Code
Bloomington IN 47408

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

Name of Employer indiana university Occupation systems analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1976987

Amount of Each Receipt this Period
25.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Sven A. E. Ottersten

Mailing Address 9312 N. Charleston Avenue

City State Zip Code
Portland OR 97203

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980917

Amount of Each Receipt this Period
100.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1158 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Joyce Kathan

Mailing Address 229 Cheshire Road

City Prospect State CT Zip Code 06712

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1987563

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Ann M. Gold

Mailing Address 64 Chichester Road

City Monroe Twsp State NJ Zip Code 08831

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978931

Amount of Each Receipt this Period
108.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Edith Hersher

Mailing Address 212 Beers Road

City Easton State CT Zip Code 06612

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978977

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1159 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan T. Baumgarten

Mailing Address 61 Westgate Blvd.

City State Zip Code
Plandome NY 11030

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986709

Amount of Each Receipt this Period
15.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Carole A. Popchock

Mailing Address 120 Lilac Avenue

City State Zip Code
Pittsburgh PA 15229

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

Name of Employer Occupation
Federated Investors, Inc. Director, Org. Developmen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980870

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Nita Corinblit

Mailing Address 5854 Hillview Park Avenue

City State Zip Code
Valley Glen CA 91401

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1987542

Amount of Each Receipt this Period
50.00

Lois Murphy 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

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|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1160 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Christopher H. Walker

Mailing Address 101 Cherrywood Road

City State Zip Code
Port Matilda PA 16870

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

Name of Employer Occupation
Penn State University librarian

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1978701

Amount of Each Receipt this Period
5.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Paula Botstein, M.D.

Mailing Address 544 4th Street

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Occupation
FDA Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1980264

Amount of Each Receipt this Period
2000.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Chuck Williams

Mailing Address 20540 Pinnacle Way

City State Zip Code
Malibu CA 90265

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

Name of Employer Occupation
Williams & Associate Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: 1986795

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1161 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Judy B. Peters | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 201 Foxglove Lane | | Transaction ID: 1986037 |
| City State Zip Code Azalea OR 97410 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | |
| Name of Employer Occupation S Umpqua Sch District 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 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Lee Ann Kennedy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 15750 Vose Street | | Transaction ID: 1986771 |
| City State Zip Code Van Nuys CA 91406 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | |
| Name of Employer Occupation Boeing Co. Sys. Eng. | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Barbara D. Davis | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 4800 23rd Road S. | | Transaction ID: 1985150 |
| City State Zip Code Arlington VA 22206 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Lois Murphy Contributions | |
| Name of Employer Occupation REQUESTED | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1162 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Dr. Jan S. Keithly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 48 Elm Street | | Transaction ID: 1986755 | |
| City Albany | State NY | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer NY State | Occupation 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. Ms. Jan O. Garretson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 4787 Essex Drive | | Transaction ID: 1987544 | |
| City Doylestown | State PA | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer | Occupation Retired | [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) C. Ms. Judith C. Malott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1382 Newtown Langhorne Rd # N101 | | Transaction ID: 1978897 | |
| City Newtown | State PA | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Lois Murphy Contributions | |
| Name of Employer | Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1163 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Audrey C. Bell

Mailing Address 44866 N. Rodin Avenue

City State Zip Code
Lancaster CA 93535

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978909

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Glenda M. Dugan

Mailing Address 199 Los Banos Avenue

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer Occupation
US EPA Life Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978988

Amount of Each Receipt this Period
50.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Diana L. Morabito

Mailing Address 1976 Abinante Lane

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Siemens Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1986735

Amount of Each Receipt this Period
50.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1164 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Arthur L. Canfield

Mailing Address 42-129 Old Kalanianale Road

City State Zip Code
Kailua HI 96734

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1986774

Amount of Each Receipt this Period
25.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Patricia A. Mangini

Mailing Address 4122 Amoroso St.

City State Zip Code
San Diego CA 92111

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

Name of Employer Occupation
Self Clinical Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980922

Amount of Each Receipt this Period
100.00

Lois Murphy Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Salinger

Mailing Address 18 Putnam Road

City State Zip Code
Arlington MA 02474

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

Name of Employer Occupation
Edwards Angell Palmer & Dodge LLP Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2006

Transaction ID: 1971875

Amount of Each Receipt this Period
200.00

Lois Murphy 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1165 / 1289 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Suzanne Lerner | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 127 E. Ninth Street, # 1103 | | Transaction ID: 1971921 | |
| City State Zip Code Los Angeles CA 90015 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Lynn Woolsey Contribution | | |
| Name of Employer Occupation Lerner et Cie Owner-Sales Company | [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. Ms. Janis A Thompson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 16596 Rosemont | | Transaction ID: 1989559 | |
| City State Zip Code Detroit MI 48219 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Lynn Woolsey Contribution | | |
| Name of Employer Occupation WSU AAUP-AFT Local 6075 Executive Director | [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) C. Ms. Elisabeth Ungaretti | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address Box 2115 | | Transaction ID: 1987564 | |
| City State Zip Code Carmel CA 93921 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Lynn Woolsey Contribution | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1166 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Mr. Sven A. E. Ottersten

Mailing Address 9312 N. Charleston Avenue

City State Zip Code
Portland OR 97203

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 11 / 2006

Transaction ID: 1980918

Amount of Each Receipt this Period
100.00

Lynn Woolsey Contribution

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Estelle Loeb

Mailing Address 8286 Caminito Lacayo

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989517

Amount of Each Receipt this Period
50.00

Lynn Woolsey Contribution

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Fay Nelson

Mailing Address 12131 Long Ridge Lane

City State Zip Code
Bowie MD 20715

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

Name of Employer Occupation
Self Geneologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1987567

Amount of Each Receipt this Period
50.00

Lynn Woolsey Contribution

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1167 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Christopher H. Walker

Mailing Address 101 Cherrywood Road

City State Zip Code
Port Matilda PA 16870

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

Name of Employer Penn State University Occupation librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978704

Amount of Each Receipt this Period
5.00

Lynn Woolsey Contribution

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Glenda M. Dugan

Mailing Address 199 Los Banos Avenue

City State Zip Code
Walnut Creek CA 94598

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

Name of Employer US EPA Occupation Life Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978986

Amount of Each Receipt this Period
50.00

Lynn Woolsey Contribution

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Rosalie Davison

Mailing Address 18 Branchwood Court

City State Zip Code
Baltimore MD 21208

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

Name of Employer Self Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1980835

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1168 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Daniel L. Dahl | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6 |
| Mailing Address 3720 NE 188th Street | | Transaction ID: 1987572 |
| City State Zip Code Lake Forest Park WA 98155 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Providence Hospital Occupation RN | [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. Full Name (Last, First, Middle Initial) Mrs. Sally W. Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1060 Copeland Road | | Transaction ID: 1987559 |
| City State Zip Code Maple Plain MN 55359 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Self Occupation Horse Breeder | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Sondra Langweil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 37 Valerian Court | | Transaction ID: 1989648 |
| City State Zip Code N. Bethesda MD 20852 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1169 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Suzanne Lerner

Mailing Address 127 E. Ninth Street, # 1103

City State Zip Code
Los Angeles CA 90015

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

Name of Employer Occupation
Lerner et Cie Owner-Sales Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2006

Transaction ID: 1971917

Amount of Each Receipt this Period
500.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Phoebe Hansen

Mailing Address 1716 Northfield Sq Apt. A

City State Zip Code
Northfield IL 60093

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1989535

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Eleanor C. Laxdall

Mailing Address 3525 SW Seola Lane

City State Zip Code
Seattle WA 98146

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 1987536

Amount of Each Receipt this Period
50.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1170 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Pat Harris

Mailing Address 3502 E. 4th Street

City Tucson State AZ Zip Code 85716

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986783

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. David Harbater

Mailing Address 1711 Lombard St

City Philadelphia State PA Zip Code 19146

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

Name of Employer Univ. of Penn Occupation Mathematician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 06 / 2006

Transaction ID: 1978945

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Susan D. Ralston

Mailing Address 35 East 75 Street, # 4E

City New York State NY Zip Code 10021

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1988944

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1171 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Abigail D. Faulkner

Mailing Address 345 Kelton Road

City State Zip Code
East Montpelier VT 05651

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

Name of Employer none Occupation domestic engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1988959

Amount of Each Receipt this Period
250.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Ly H. Leong

Mailing Address 1670 Filbert Street

City State Zip Code
San Francisco CA 94123

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978983

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Karen C. Hadac

Mailing Address 10306 44th Avenue NE

City State Zip Code
Seattle WA 98125

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

Name of Employer Nordstrom Occupation Retail Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2006

Transaction ID: 1986825

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1172 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Alida G. Mascitelli | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1030 SW Jefferson Street Apt. 235 | | Transaction ID: 1979002 | |
| City State Zip Code Portland OR 97201 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Synapsys, Inc. Occupation Eng. Manager | | [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. Full Name (Last, First, Middle Initial) Ms. Ruth B. Lefevre | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 33664 Hampton Road | | Transaction ID: 1989976 | |
| City State Zip Code Eugene OR 97405 | | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Ann I. Schneider | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 3319 Fessenden St., NW | | Transaction ID: 1978899 | |
| City State Zip Code Washington DC 20008 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self Occupation Consultant | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1173 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|----------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Ms. Sherry L. Guzzi Mailing Address PO Box 7763 City State Zip Code Tahoe City CA 96145 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 1985164 Amount of Each Receipt this Period 100.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Self Occupation Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|--|----------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Ms. Ann H. Tobin Mailing Address PO Box 667017 City State Zip Code Pompano Beach FL 33066 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986827 Amount of Each Receipt this Period 100.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer USPS Occupation City Carrier Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|----------------------------------|--|
| C. Full Name (Last, First, Middle Initial) Ms. Julie I. Fershtman Mailing Address 31700 Briarcliff Road City State Zip Code Franklin MI 48025 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 Transaction ID: 1978918 Amount of Each Receipt this Period 50.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Law Offc. Julie Fershtman Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1174 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Beverly J. Hanson

Mailing Address PO Box 570711

City Tarzana State CA Zip Code 91357

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986810

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marjorie E. Vanek

Mailing Address 10241 York Road

City N. Royalton State OH Zip Code 44133

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

Name of Employer Cuyahoga Cty. Pub. Lib. Occupation Library Clerk

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1989571

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 17 / 2006

Transaction ID: 1985186

Amount of Each Receipt this Period
25.00

Maria Cantwell 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**

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|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1175 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lynn Krupa

Mailing Address PO Box 3453

City State Zip Code
Sunriver OR 97707

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

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986732

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marcia L. McKenzie

Mailing Address PO Box 33977

City State Zip Code
Juneau AK 99803

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

Name of Employer Occupation
Self Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1988938

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Melinda G. Wright

Mailing Address PO Box 225

City State Zip Code
Groveland CA 95321

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

Name of Employer Occupation
Big Oak Flat-Groveland School Dist. Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978894

Amount of Each Receipt this Period
25.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1176 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Susan Lampe | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 | |
| Mailing Address PO Box 1247 | | Transaction ID: 1985192 | |
| City Tenino | State WA | Zip Code 98589 | Amount of Each Receipt this Period 25.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|----------------------------------|---|---|
| B. Full Name (Last, First, Middle Initial) Ms. Ruth Peace | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address P.O. Box 23 | | Transaction ID: 1980829 | |
| City Carmel Valley | State CA | Zip Code 93924 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

| | | | |
|---|----------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Mary Grisco | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 202045 | | Transaction ID: 1986710 | |
| City Anchorage | State AK | Zip Code 99520 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Nat'l Parks & Conservation As. | Occupation Administrator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |
| | | [MEMO ITEM] MEMO | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1177 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Catherine A. Gant

Mailing Address P. O. Box 1253

City State Zip Code
Silverthorne CO 80498

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

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989530

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marla D. Jensen

Mailing Address 1615 Bittern Court

City State Zip Code
Carlsbad CA 92011

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

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987640

Amount of Each Receipt this Period
200.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Gretchen E. Tatting

Mailing Address Imperial House
1601 18th Street, NW Apt. 403

City State Zip Code
Washington DC 20009

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978996

Amount of Each Receipt this Period
50.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1178 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Dr. Shelley S. Gordon | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 300 N State St Apt 3433 | | Transaction ID: 1987247 | |
| City Chicago | State IL | Zip Code 60610 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self | Occupation management consultant | | [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. Full Name (Last, First, Middle Initial) Mrs. Ellen L. Dale | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 16 Gardiner Court | | Transaction ID: 1987597 | |
| City Orinda | State CA | Zip Code 94563 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation Retired | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|---|
| C. Full Name (Last, First, Middle Initial) Ms. Lee Ann Kennedy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 15750 Vose Street | | Transaction ID: 1986768 | |
| City Van Nuys | State CA | Zip Code 91406 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Boeing Co. | Occupation Sys. Eng. | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1179 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| A. Full Name (Last, First, Middle Initial) Ms. Marjorie Dearmont Mailing Address 101 Oak Crest Drive City State Zip Code Bertram TX 78605 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1987272 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> Maria Cantwell Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | 20.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 20.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Occupation Self trainer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Ms. Elizabeth J. Sherer Mailing Address 96 Perrine Road City State Zip Code Monmouth Junction NJ 08852 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1978926 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Maria Cantwell Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Films for the Humanities Occupation Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| C. Full Name (Last, First, Middle Initial) Ms. Carol L. Hobart Mailing Address 9367 Nesbitt Road City State Zip Code Bloomington MN 55437 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 1989963 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Maria Cantwell Contributions [MEMO ITEM] MEMO | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 6 | 25.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 25.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation self consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table> | | 0.00 | | | | | | | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | | | | | | | |

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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1180 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Stephanie L. Blevins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 2931 Broad Street Unit 132 | | Transaction ID: 1989521 | |
| City State Zip Code Bristol TN 37620 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Glaxo Smith Kline Administrative Assit | | [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. Full Name (Last, First, Middle Initial) Mr. Sven A. E. Ottersten | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 9312 N. Charleston Avenue | | Transaction ID: 1980916 | |
| City State Zip Code Portland OR 97203 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sarah Jackson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 290 W. End Avenue, # 12B | | Transaction ID: 1979003 | |
| City State Zip Code New York NY 10023 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation SP Maker Venture Economist | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1181 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. George Ranney

Mailing Address 91 Prospect Street

City State Zip Code
Port Chester NY 10573

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

Name of Employer Occupation
NYS Tax Auditor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980902

Amount of Each Receipt this Period
15.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Sondra Stein

Mailing Address 905 East Oak Dr

City State Zip Code
Durham NC 27705

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980865

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth W. Harries

Mailing Address 9 North Main St.
Box 932

City State Zip Code
Williamsburg MA 01096

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

Name of Employer Occupation
Smith College Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 1978883

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1182 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Joan H. Osborn | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 8958 Sunset Avenue | | Transaction ID: 1989561 | |
| City State Zip Code Fair Oaks CA 95628 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Mr. Joseph C. Najpaver | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 154 Lombard, # 46 | | Transaction ID: 1980254 | |
| City State Zip Code San Francisco CA 94111 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Sarah C. Burke | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 845 West End Avenue, # 14A | | Transaction ID: 1990535 | |
| City State Zip Code New York NY 10025 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1183 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ms. Lynette Sahnou Mailing Address 15230 Southwest 141st Ave. City State Zip Code Tigard OR 97224 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1987555 Amount of Each Receipt this Period 50.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Mr. Anthony W. Knapp Mailing Address 81 Upper Sheep Pasture Road City State Zip Code East Setauket NY 11733 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1987548 Amount of Each Receipt this Period 100.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Ms. Barbara J. Grosz Mailing Address 264 Mason Terrace City State Zip Code Brookline MA 02446 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Transaction ID: 1980849 Amount of Each Receipt this Period 250.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Occupation Prof. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1184 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Suzy Platt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 | |
| Mailing Address 807 N. Howard, # 314 | | Transaction ID: 1983973 | |
| City Alexandria | State VA | Zip Code 22304 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation Retired | | [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. Full Name (Last, First, Middle Initial) Mr. Douglas B. Tucker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1519 Escalona Drive | | Transaction ID: 1986797 | |
| City Santa Cruz | State CA | Zip Code 95060 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation Retired | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Janet McAfee | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 10232 Avenida Magnifica | | Transaction ID: 1980925 | |
| City San Diego | State CA | Zip Code 92131 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer U of Calif. of San Diego | Occupation Career Counselor | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1185 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Harold Tulchin

Mailing Address 8 Rittenhouse Road

City State Zip Code
Bronxville NY 10708

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

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987197

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Susan C. Auchincloss

Mailing Address 8 Library Ln

City State Zip Code
Woodstock NY 12498

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

Name of Employer Occupation
Melrose School Minister

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978948

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Carol A. Seibert

Mailing Address 2611 Lake Street

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
San Francisco Wine Competition Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989661

Amount of Each Receipt this Period
25.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1186 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Anna Mary Miller

Mailing Address 7830 S Leewynn Drive

City State Zip Code
Sarasota FL 34240

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978881

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Ann O'Kelly

Mailing Address 2609 Woodhill Drive

City State Zip Code
Okemos MI 48864

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

Name of Employer Occupation
Self 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980860

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Gloria G. Feltman

Mailing Address 7453 Granville Dr Bldg I

City State Zip Code
Tamarac FL 33321

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

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980928

Amount of Each Receipt this Period
50.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1187 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Norbert A. Jeske

Mailing Address 727 Santa Barbara Rd

City State Zip Code
Berkeley CA 94707

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

Name of Employer Occupation
SL Corporation Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 1978938

Amount of Each Receipt this Period
250.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Robert Kansas

Mailing Address 725 Robin Way S.

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978962

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Charlotte A. Brooks

Mailing Address 2566 Villa Lane

City State Zip Code
Cincinnati OH 45208

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

Name of Employer Occupation
Self Medical research 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1988935

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1188 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Mrs. Emma Rosow | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 122 Green Way | | Transaction ID: 1987257 |
| City State Zip Code Wayland MA 01778 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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. Dr. Carol E. Carpenter-Yaman | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 |
| Mailing Address 2554 N. Wakefield Street | | Transaction ID: 1989971 |
| City State Zip Code Arlington VA 22207 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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) C. Ms. Lois I. Schoenbrun | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 7204 Garland Ave | | Transaction ID: 1989605 |
| City State Zip Code Takoma Park MD 20912 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation American Academy of Optometry Association CEO | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1189 / 1289 |
| <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. Ms. Katherine E. Howard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 717 9th Avenue | | Transaction ID: 1986723 | |
| City State Zip Code San Francisco CA 94118 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer self Occupation self Landscape Architect | | [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. Ms. Jenifer Mumford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 15 Sleeper St. | | Transaction ID: 1978997 | |
| City State Zip Code Boston MA 02210 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation REQUESTED | | [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) C. Ms. Janet Kaplan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 250 Grape Street | | Transaction ID: 1980904 | |
| City State Zip Code Philadelphia PA 19128 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Moore College Professor | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1190 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Nora McGuinness

Mailing Address 704 Mulberry Lane

City State Zip Code
Davis CA 95616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ. of Calif. Davis Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980879

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan Rigg

Mailing Address 15 Potter Street

City State Zip Code
Brunswick ME 04011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
L.L. Bean Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1987578

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Sharon Schuster

Mailing Address 24458 Eilat St.

City State Zip Code
Woodland Hills CA 91367

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 1 2 / 2 0 0 6

Transaction ID: 1978146

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1191 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Gretchen B. Roose

Mailing Address 7 Holly Drive

City State Zip Code
Boynnton Beach FL 33436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1979001

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Paula L Florence

Mailing Address 2413 48th Avenue NW

City State Zip Code
Gig Harbor WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kitsap Co Consol Hsng Auth Director of Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989643

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Tom S. Zeller

Mailing Address 6620 East State Road 45

City State Zip Code
Bloomington IN 47408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
indiana university systems analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1976983

Amount of Each Receipt this Period
50.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1192 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Christopher H. Walker

Mailing Address 101 Cherrywood Road

City State Zip Code
Port Matilda PA 16870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Penn State University librarian

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 6

Transaction ID: 1978699

Amount of Each Receipt this Period
5.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Tamara Harris

Mailing Address 10175 Sunstar Road

City State Zip Code
Monterey CA 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990542

Amount of Each Receipt this Period
50.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. M.J. Moltenbrey

Mailing Address 2328 Champlain Street, NW
Apt. 416

City State Zip Code
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Freshfields Bruckhaus Der-inger LLP lawyer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 1984223

Amount of Each Receipt this Period
250.00

Maria Cantwell 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1193 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Dr. Gino Crocetti Mailing Address 652 W. 163 Street # 28 City State Zip Code New York NY 10032 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 6 Transaction ID: 1976978 Amount of Each Receipt this Period 50.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer city & country school Occupation Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Shari Schubot Mailing Address 1471 Folsom Road City State Zip Code Loxahatchee FL 33470 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 Transaction ID: 1986695 Amount of Each Receipt this Period 10.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| 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 ▼ 0.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Heather K. Taylor Mailing Address 6432 Old Goose Creek Rd City State Zip Code Middleburg VA 20117 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987235 Amount of Each Receipt this Period 100.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1194 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Lynne N. Roberts | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 1212 McKinley Drive | | Transaction ID: 1980911 | |
| City State Zip Code Roseville CA 95661 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation State of Calif. Analyst | | [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. Full Name (Last, First, Middle Initial) Ms. Elizabeth Moog | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6211 Cove Creek Court | | Transaction ID: 1978871 | |
| City State Zip Code Burr Ridge IL 60527 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Argonne National Physicist | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Edith Hersher | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 212 Beers Road | | Transaction ID: 1978974 | |
| City State Zip Code Easton CT 06612 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1195 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Carolyn Nicholson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 145 Ross Stevenson Circle | | Transaction ID: 1986777 | |
| City State Zip Code Princeton NJ 08540 | | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [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. Full Name (Last, First, Middle Initial) Ms. Lenore Berck | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 604 Ramapo Road | | Transaction ID: 1986803 | |
| City State Zip Code Teaneck NJ 07666 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Lily Y. Tamura | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 10 Dickens Court | | Transaction ID: 1986778 | |
| City State Zip Code Irvine CA 92617 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation REQUESTED | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1196 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Dr. Elaine Dallman, Ph.D. Mailing Address 601 Van Ness Avenue, # 6 City San Francisco State CA Zip Code 94102 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Transaction ID: 1987628 Amount of Each Receipt this Period 25.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Self Occupation Entrepreneur Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Alan Saleski Mailing Address 2116 Harrison Street City Evanston State IL Zip Code 60201 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Transaction ID: 1978165 Amount of Each Receipt this Period 50.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Loyola University Chicago Occupation Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Judy A. Rantala Mailing Address 21 Craigsid e Place Apt. # 5A City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 1985143 Amount of Each Receipt this Period 35.00 Maria Cantwell Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1197 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Karen Lombardi | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1416 T Street NW | | Transaction ID: 1989546 | |
| City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation REQUESTED | [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. Mr. Donald E. Pierce | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 6 Cameron Lane | | Transaction ID: 1980885 | |
| City State Zip Code Santa Fe NM 87505 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self Occupation Physician | [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) C. Mrs. Ann O. Jost | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 5929 Heather Drive, S.W. | | Transaction ID: 1987553 | |
| City State Zip Code Rochester MN 55902 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Homemaker | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1198 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Nita Corinblit | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 5854 Hillview Park Avenue | | Transaction ID: 1987541 | |
| City State Zip Code Valley Glen CA 91401 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Retired | [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. Full Name (Last, First, Middle Initial) Mr. Todd Evans | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 2086 East Lake Road | | Transaction ID: 1987659 | |
| City State Zip Code Atlanta GA 30307 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Self 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 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Robert L. Mason | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 1415 Broadway | | Transaction ID: 1987557 | |
| City State Zip Code Fargo ND 58102 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1199 / 1289 |
| | <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. Ms. Jane F. Hopkins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 20650 Lomita Avenue | | Transaction ID: 1987644 |
| City State Zip Code Saratoga CA 95070 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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. Ms. Lucille Cooper | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 5460 Paseo del Lago, # A | | Transaction ID: 1987278 |
| City State Zip Code Laguna Woods CA 92637 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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) C. Mr. Chuck Williams | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 20540 Pinnacle Way | | Transaction ID: 1986791 |
| City State Zip Code Malibu CA 90265 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Williams & Associate Consultant | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1200 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan T. Macfarlan

Mailing Address 1408 Sunshine Canyon

City State Zip Code
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978889

Amount of Each Receipt this Period
500.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Annette Laico

Mailing Address 5412 Wallingford Ave N

City State Zip Code
Seattle WA 98103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESG Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978941

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Jerena G. Keys

Mailing Address 203 W. Pine Street

City State Zip Code
Big Rapids MI 49307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ferris State University End-User Computing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980843

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1201 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Suzanne E. Schwartz

Mailing Address 1117 S. Emerson Street

City State Zip Code
Arlington VA 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. EPA Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2006

Transaction ID: 1980883

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Kathryn A. Gardow

Mailing Address 5063 Harold Place NE

City State Zip Code
Seattle WA 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer KGA, LLC Occupation owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 1984272

Amount of Each Receipt this Period
500.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Judy B. Peters

Mailing Address 201 Foxglove Lane

City State Zip Code
Azalea OR 97410

FEC ID number of contributing federal political committee. **C**

Name of Employer S Umpqua Sch District Occupation Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: 1986035

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1202 / 1289 |
| | <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. Ms. Janet Brody | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 506 Conshohocken State Road | | Transaction ID: 1989569 |
| City State Zip Code Narberth PA 19072 | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Park Plessort, Inc. NHA | [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. Ms. Rose Norman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 5012 Sunningdale Avenue NE | | Transaction ID: 1978874 |
| City State Zip Code Albuquerque NM 87110 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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) C. Mr. Jon A. Grabanski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 1385 Awatukee Trail | | Transaction ID: 1988964 |
| City State Zip Code Hudson WI 54016 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation U.S. Postal Service Letter Carrier | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1203 / 1289 |
| | <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. Ms. Marcia Susan Kuperberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 2001 Hamilton Street Unit 502 | | Transaction ID: 1989592 | |
| City Philadelphia State PA Zip Code 19130 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self Occupation Attorney | | [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. Dr. Jan S. Keithly | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 48 Elm Street | | Transaction ID: 1986752 | |
| City Albany State NY Zip Code 12202 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer NY State Occupation 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) C. Ms. Jan O. Garretson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 4787 Essex Drive | | Transaction ID: 1987543 | |
| City Doylestown State PA Zip Code 18901 | | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1204 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Judith C. Malott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1382 Newtown Langhorne Rd # N101 | | Transaction ID: 1978896 | |
| City State Zip Code Newtown PA 18940 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|---|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Carole M. Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 466 Milcrip Road | | Transaction ID: 1986779 | |
| City State Zip Code Bridgewater NJ 08807 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation REQUESTED | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Carolyn McKenzie | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 11090 SE 240th Place | | Transaction ID: 1980863 | |
| City State Zip Code Gresham OR 97080 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1205 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Donna Benaroya

Mailing Address 1374 Alki Avenue SW, # 300

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Seattle | WA | 98116 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|---------------------|
| Name of Employer | Occupation |
| | Homemaker/Volunteer |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1988295

Amount of Each Receipt this Period
250.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Judith Judson

Mailing Address 440 N. Nelson Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22203 |

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------|--------------|
| Name of Employer | Occupation |
| Am. Soc. of Landscape | Receptionist |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1989551

Amount of Each Receipt this Period
35.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Esther Sinclair

Mailing Address 43 Tamalpais Ave

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Anselmo | CA | 94960 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | 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 |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1978884

Amount of Each Receipt this Period
100.00

Maria Cantwell 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1206 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Diana L. Morabito

Mailing Address 1976 Abinante Lane

City State Zip Code
San Jose CA 95124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Siemens Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 6

Transaction ID: 1986739

Amount of Each Receipt this Period
100.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Chris Stromsness

Mailing Address 4220Patricia Way

City State Zip Code
Dunsmuir CA 96025

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986766

Amount of Each Receipt this Period
25.00

Maria Cantwell Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Arthur L. Canfield

Mailing Address 42-129 Old Kalanianale Road

City State Zip Code
Kailua HI 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986773

Amount of Each Receipt this Period
25.00

Maria Cantwell 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1207 / 1289 |
| <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. Mrs. Sydney B. Spofford | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1954 Michigan Avenue | | Transaction ID: 1978968 | |
| City State Zip Code Marysville MI 48040 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | [MEMO ITEM] MEMO | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Kathryn G. Janson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 193K Marthas Road | | Transaction ID: 1986819 | |
| City State Zip Code Alexandria VA 22307 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | [MEMO ITEM] MEMO | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Charlotte S. Bird | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 4182 Ingalls Street | | Transaction ID: 1987588 | |
| City State Zip Code San Diego CA 92103 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Artist Aggregate Year-to-Date ▼ 0.00 | [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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1208 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|----------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Pamela Tuson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 101 Rudy's Knob Lane P.O. Box 4678 | | Transaction ID: 1987620 | |
| City Arcata | State CA | Zip Code 95521 | Amount of Each Receipt this Period 15.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self | Occupation Bookkeeper | | [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. Full Name (Last, First, Middle Initial) Dr. Patricia A. Mangini | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 4122 Amoroso St. | | Transaction ID: 1980921 | |
| City San Diego | State CA | Zip Code 92111 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer Self | Occupation Clinical Psychologist | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Mary Anne Schwalbe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 129 East 69th Street, # 12A | | Transaction ID: 1987215 | |
| City New York | State NY | Zip Code 10021 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | Maria Cantwell Contributions | |
| Name of Employer | Occupation Retired | | [MEMO ITEM] MEMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|-------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1209 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Diane J. Wroblewski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 | |
| Mailing Address 11 Rosemary Court | | Transaction ID: 1986030 | |
| City State Zip Code Midland MI 48640 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Self-employed Toxicologist | [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. Full Name (Last, First, Middle Initial) Mr. Kenneth W. Salinger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 18 Putnam Road | | Transaction ID: 1971873 | |
| City State Zip Code Arlington MA 02474 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Edwards Angell Palmer & Dodge LLP Lawyer | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Sherwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 403 James Wood Court | | Transaction ID: 1987189 | |
| City State Zip Code New Milford NJ 07646 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | | |
| Name of Employer Occupation Dickstein, Shapiro, Morin- & Oshinsky Attorney | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1210 / 1289 |
| | <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. Mrs. Lucinda B. Emmet | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 40040 Little Oatlands Lane | | Transaction ID: 1986757 |
| City State Zip Code Leesburg VA 20175 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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. Mr. Bruce Theunissen | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 10815 Hayfield Drive | | Transaction ID: 1988314 |
| City State Zip Code Dallas TX 75238 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation Retired | [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) C. Ms. Joan Guarnera | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 |
| Mailing Address 10 Channing Place | | Transaction ID: 1985154 |
| City State Zip Code East Chester NY 10709 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Maria Cantwell Contributions | |
| Name of Employer Occupation JSC Enterprises Manufacturer's Rep. | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1211 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sheryl Pitts Wolff

Mailing Address 12745 N. Hulbert

City State Zip Code
Winslow IL 61089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980933

Amount of Each Receipt this Period
250.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne Lerner

Mailing Address 127 E. Ninth Street, # 1103

City State Zip Code
Los Angeles CA 90015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lerner et Cie Owner-Sales Company

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 6

Transaction ID: 1971916

Amount of Each Receipt this Period
500.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Janis A Thompson

Mailing Address 16596 Rosemont

City State Zip Code
Detroit MI 48219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WSU AAUP-AFT Local 6075 Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989558

Amount of Each Receipt this Period
50.00

Melissa Bean 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1212 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Frances D. Park

Mailing Address 16361 Rhone Lane

City State Zip Code
Huntington Beach CA 92647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
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
0 1 / 1 7 / 2 0 0 6

Transaction ID: 1985187

Amount of Each Receipt this Period
25.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Hobart Johnson

Mailing Address PO Box 550

City State Zip Code
Pikeville KY 41502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
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
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978949

Amount of Each Receipt this Period
35.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Matthew D. Davis

Mailing Address 3100 Lake Mendota Drive
Apt. 706

City State Zip Code
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ. of WI Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 1978910

Amount of Each Receipt this Period
200.00

Melissa Bean 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1213 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Ruth Peace | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address P.O. Box 23 | | Transaction ID: 1980828 |
| City State Zip Code Carmel Valley CA 93924 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Contributions | |
| Name of Employer Occupation Retired | [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. Ms. Stephanie L. Blevins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 |
| Mailing Address 2931 Broad Street Unit 132 | | Transaction ID: 1989523 |
| City State Zip Code Bristol TN 37620 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Contributions | |
| Name of Employer Occupation Glaxo Smith Kline Administrative Assit | [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) C. Mr. Sven A. E. Ottersten | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 9312 N. Charleston Avenue | | Transaction ID: 1980920 |
| City State Zip Code Portland OR 97203 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | Melissa Bean Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1214 / 1289 |
| | <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. Ms. Susan Semonoff | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 15700 Van Aken Blvd Apt 9 | | Transaction ID: 1978916 | |
| City State Zip Code Cleveland OH 44120 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions | |
| Name of Employer Occupation Occupation REQUESTED | | [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. Mr. Hugh Brady | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 | |
| Mailing Address 272 Jules Road | | Transaction ID: 1980931 | |
| City State Zip Code Palatine IL 60067 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions | |
| Name of Employer Occupation School District 21 School 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) C. Ms. Linda Yenkin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 123 Cypress Street | | Transaction ID: 1978952 | |
| City State Zip Code Newton Center MA 02459 | | Amount of Each Receipt this Period 75.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions | |
| Name of Employer Occupation Tewksbury State Hospital Social Worker | | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1215 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Estelle Loeb

Mailing Address 8286 Caminito Lacayo

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989519

Amount of Each Receipt this Period
50.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Pamela S. Bailey

Mailing Address 820 37th Street

City State Zip Code
Moline IL 61265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Department of the Army Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989564

Amount of Each Receipt this Period
100.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Audry J. Rasmussen

Mailing Address 1515 Shasta Dr Apt 4321

City State Zip Code
Davis CA 95616

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980930

Amount of Each Receipt this Period
50.00

Melissa Bean 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1216 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lisa Hummel

Mailing Address 7575 Stanford Ave.

City State Zip Code
Saint Louis MO 63130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockwood School Dist. Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989578

Amount of Each Receipt this Period
50.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Christopher H. Walker

Mailing Address 101 Cherrywood Road

City State Zip Code
Port Matilda PA 16870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Penn State University librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 6

Transaction ID: 1978698

Amount of Each Receipt this Period
5.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Jo Baumann

Mailing Address 722 Emerson Street

City State Zip Code
Madison WI 53715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Planned Parenthood Of WI Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980894

Amount of Each Receipt this Period
25.00

Melissa Bean 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1217 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Dougherty

Mailing Address 711 Stonebridge Road

City State Zip Code
Frankfort IL 60423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Krohne Inc. Application Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986823

Amount of Each Receipt this Period
100.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Nora McGuinness

Mailing Address 704 Mulberry Lane

City State Zip Code
Davis CA 95616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ. of Calif. Davis Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 6

Transaction ID: 1980880

Amount of Each Receipt this Period
25.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Fay Nelson

Mailing Address 12131 Long Ridge Lane

City State Zip Code
Bowie MD 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Geneologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1987569

Amount of Each Receipt this Period
50.00

Melissa Bean 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1218 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Eleanor Brightman | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 |
| Mailing Address 1382 Newtown Langhorne Rd Pennswood Village M211 | | Transaction ID: 1980932 |
| City State Zip Code Newtown PA 18940 | Amount of Each Receipt this Period 35.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ms. Glenda M. Dugan | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 199 Los Banos Avenue | | Transaction ID: 1978987 |
| City State Zip Code Walnut Creek CA 94598 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Life Scientist Aggregate Year-to-Date ▼ 0.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Arthur L. Canfield | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 42-129 Old Kalanianale Road | | Transaction ID: 1986772 |
| City State Zip Code Kailua HI 96734 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Melissa Bean Contributions [MEMO ITEM] MEMO |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired Aggregate Year-to-Date ▼ 0.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1219 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jill Alliman

Mailing Address 410 Broad Street

City State Zip Code
Sweetwater TN 37874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1989547

Amount of Each Receipt this Period
25.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Salinger

Mailing Address 18 Putnam Road

City State Zip Code
Arlington MA 02474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Edwards Angell Palmer & Dodge LLP Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 6

Transaction ID: 1971872

Amount of Each Receipt this Period
200.00

Melissa Bean Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Sondra Langweil

Mailing Address 37 Valerian Court

City State Zip Code
N. Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989650

Amount of Each Receipt this Period
10.00

Nancy Nusbaum 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1220 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan D. Ralston

Mailing Address 35 East 75 Street, # 4E

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1988946

Amount of Each Receipt this Period
100.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marjorie Dearmont

Mailing Address 101 Oak Crest Drive

City State Zip Code
Bertram TX 78605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self trainer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987274

Amount of Each Receipt this Period
20.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Lester J Mazor

Mailing Address Goerres Str 1
c/o Spier-Mazor

City State Zip Code
12161 Berlin 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hampshire College College prof

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987602

Amount of Each Receipt this Period
20.00

Nancy Nusbaum 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1221 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dr. Shelley S. Gordon

Mailing Address 300 N State St
Apt 3433

City State Zip Code
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation management consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987248

Amount of Each Receipt this Period
100.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Laurel McLaughlin

Mailing Address Box 70019

City State Zip Code
Fairbanks AK 99707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2006

Transaction ID: 1989621

Amount of Each Receipt this Period
25.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Judith E. Dubin

Mailing Address 9936 Beverly Grove Drive

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation child development specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987240

Amount of Each Receipt this Period
100.00

Nancy Nusbaum 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1222 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Marcia S. Morton

Mailing Address 9 Darlington Court

City State Zip Code
Pittsburgh PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 28 / 2006

Transaction ID: 1989596

Amount of Each Receipt this Period
100.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Frank O. Wyse

Mailing Address 8865 E. Baseline Road, #1501

City State Zip Code
Mesa AZ 85209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988278

Amount of Each Receipt this Period
25.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Harold Tulchin

Mailing Address 8 Rittenhouse Road

City State Zip Code
Bronxville NY 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987199

Amount of Each Receipt this Period
100.00

Nancy Nusbaum 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1223 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Carol A. Seibert Mailing Address 2611 Lake Street City San Francisco State CA Zip Code 94121 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Transaction ID: 1989663 Amount of Each Receipt this Period 25.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer San Francisco Wine Competition Occupation Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ms. Sarah E. Everett Mailing Address 79 Florence St. 610 South City Chestnut Hill State MA Zip Code 02467 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Transaction ID: 1990548 Amount of Each Receipt this Period 25.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Emma Rosow Mailing Address 122 Green Way City Wayland State MA Zip Code 01778 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987259 Amount of Each Receipt this Period 50.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1224 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Kathe D. Thompson

Mailing Address 15109 Banbury Way

City State Zip Code
Wellington FL 33414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988273

Amount of Each Receipt this Period
35.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Amy L. Lowrey

Mailing Address 1502 Newning Ave

City State Zip Code
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Freelance Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988263

Amount of Each Receipt this Period
250.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Gayle R. Hardt

Mailing Address 6977 Wentworth Ave. SW

City State Zip Code
Port Orchard WA 98367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Airlines Flight Attendant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989630

Amount of Each Receipt this Period
25.00

Nancy Nusbaum 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1225 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Deed

Mailing Address 657A Heritage Village

City State Zip Code
Southbury CT 06488

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988259

Amount of Each Receipt this Period
25.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Shari Schubot

Mailing Address 1471 Folsom Road

City State Zip Code
Loxahatchee FL 33470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986697

Amount of Each Receipt this Period
10.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Carol J. Jennings

Mailing Address 2308 Pine Knoll Drive # 1

City State Zip Code
Walnut Creek CA 94595

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987649

Amount of Each Receipt this Period
50.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

| | |
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| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 1226 / 1289 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Mrs. Heather K. Taylor Mailing Address 6432 Old Goose Creek Rd City Middleburg State VA Zip Code 20117 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 Transaction ID: 1987237 Amount of Each Receipt this Period 50.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ms. Jennifer J. Smith Mailing Address 64 O. Street City Boston State MA Zip Code 02127 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 Transaction ID: 1989616 Amount of Each Receipt this Period 150.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Name of Employer Occupation product designer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Dr. Cordelia Ontiveros Mailing Address 1450 E North Hills Drive City La Habra State CA Zip Code 90631 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 Transaction ID: 1989610 Amount of Each Receipt this Period 100.00 Nancy Nusbaum Contributions [MEMO ITEM] MEMO |
| Name of Employer Occupation Name of Employer Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1227 / 1289 |
| | <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. Ms. Michelle R. Johnston | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 608 4th Avenue | | Transaction ID: 1987280 | |
| City State Zip Code Sacramento CA 95818 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Nancy Nusbaum Contributions | | |
| Name of Employer UC Davis Occupation Health Promotion Supervisor | [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. Dr. Elaine Dallman, Ph.D. | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 601 Van Ness Avenue, # 6 | | Transaction ID: 1987630 | |
| City State Zip Code San Francisco CA 94102 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | Nancy Nusbaum Contributions | | |
| Name of Employer Self Occupation Entrepreneur | [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) C. Ms. Sally Mock | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 1433 Glenbrook Drive | | Transaction ID: 1988267 | |
| City State Zip Code Oklahoma City OK 73118 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Nancy Nusbaum Contributions | | |
| Name of Employer McAfee & Taft Occupation Attorney | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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|--|-------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1228 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Herbert Hersh | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 5333 N Sheridan Rd 30N Apt. 30N | | Transaction ID: 1987293 | |
| City State Zip Code Chicago IL 60640 | Amount of Each Receipt this Period 5.00 | | |
| FEC ID number of contributing federal political committee. C | | Nancy Nusbaum Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Ms. Melody S. Robidoux | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 10128 Se 16Th Place | | Transaction ID: 1988973 | |
| City State Zip Code Bellevue WA 98004 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | Nancy Nusbaum Contributions | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Retired | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

| | | | |
|--|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mr. Jon A. Grabanski | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 | |
| Mailing Address 1385 Awatukee Trail | | Transaction ID: 1988965 | |
| City State Zip Code Hudson WI 54016 | Amount of Each Receipt this Period 25.00 | | |
| FEC ID number of contributing federal political committee. C | | Nancy Nusbaum Contributions | |
| Name of Employer U.S. Postal Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Letter Carrier | [MEMO ITEM] MEMO | |
| Aggregate Year-to-Date ▼ 0.00 | | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1229 / 1289 |
| | <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. Ms. Marcia Susan Kuperberg | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6 | |
| Mailing Address 2001 Hamilton Street Unit 502 | | Transaction ID: 1989594 | |
| City Philadelphia | State PA | Amount of Each Receipt this Period 100.00 | |
| Zip Code 19130 | | Nancy Nusbaum Contributions | |
| FEC ID number of contributing federal political committee. C | | [MEMO ITEM] MEMO | |
| 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 ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Charlotte S. Bird | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 4182 Ingalls Street | | Transaction ID: 1987587 | |
| City San Diego | State CA | Amount of Each Receipt this Period 50.00 | |
| Zip Code 92103 | | Nancy Nusbaum Contributions | |
| FEC ID number of contributing federal political committee. C | | [MEMO ITEM] MEMO | |
| 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 ▼ 0.00 | | |

| | | | |
|---|----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Pamela Tuson | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 101 Rudy's Knob Lane P.O. Box 4678 | | Transaction ID: 1987622 | |
| City Arcata | State CA | Amount of Each Receipt this Period 15.00 | |
| Zip Code 95521 | | Nancy Nusbaum Contributions | |
| FEC ID number of contributing federal political committee. C | | [MEMO ITEM] MEMO | |
| Name of Employer Self | Occupation Bookkeeper | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1230 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth A. Sherwin

Mailing Address 403 James Wood Court

City State Zip Code
New Milford NJ 07646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dickstein, Shapiro, Morin & Oshinsky Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987191

Amount of Each Receipt this Period
250.00

Nancy Nusbaum Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Joanne E. Parker

Mailing Address 3831 Turtle Creek Blvd #12B

City State Zip Code
Dallas TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Clinical Psychologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987263

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Sondra Langweil

Mailing Address 37 Valerian Court

City State Zip Code
N. Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989646

Amount of Each Receipt this Period
10.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1231 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Mr. William Pugliese | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 17864 Jamestown Way Apt F | | Transaction ID: 1987604 |
| City State Zip Code Lutz FL 33558 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation CVS Pharmacy Technician/Stude | [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. Ms. Lois A. Walker | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 3551 Hartstine Island South | | Transaction ID: 1989641 |
| City State Zip Code Shelton WA 98584 | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation Retired | [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) C. Mr. David Talbott | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 1049 Lakemount Drive | | Transaction ID: 1987289 |
| City State Zip Code Moneta VA 24121 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation REQUESTED | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

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|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1232 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan D. Ralston

Mailing Address 35 East 75 Street, # 4E

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1988942

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Bernice Z. Eaton

Mailing Address 3439 Liese Drive

City State Zip Code
Prescott AZ 86303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987223

Amount of Each Receipt this Period
10.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Ruth B. Lefevre

Mailing Address 33664 Hampton Road

City State Zip Code
Eugene OR 97405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: 1989974

Amount of Each Receipt this Period
20.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1233 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marjorie Dearmont

Mailing Address 101 Oak Crest Drive

City State Zip Code
Bertram TX 78605

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
trainer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987270

Amount of Each Receipt this Period
20.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Robert C. West

Mailing Address 305 Nautilus Drive

City State Zip Code
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer professor Occupation
Univ. of Wisconsin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988276

Amount of Each Receipt this Period
250.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Shelley S. Gordon

Mailing Address 300 N State St Apt 3433

City State Zip Code
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
management consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987246

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1234 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Laurel McLaughlin

Mailing Address Box 70019

City State Zip Code
Fairbanks AK 99707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 28 / 2006

Transaction ID: 1989618

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Judith E. Dubin

Mailing Address 9936 Beverly Grove Drive

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired child development specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987238

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Laura D. Ford

Mailing Address 295 Red Tail Trail

City State Zip Code
Evergreen CO 80439

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 ▼ 0.00

Date of Receipt
01 / 28 / 2006

Transaction ID: 1989675

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1235 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Carol L. Hobart

Mailing Address 9367 Nesbitt Road

City State Zip Code
Bloomington MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
self 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1989965

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Lorna Brodtkorb

Mailing Address 123 Sharon Road
PO Box 1597

City State Zip Code
Lakeville CT 06039

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation
self 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
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988318

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Patricia T. Colburn

Mailing Address 1559 Oakdale Street

City State Zip Code
Pasadena CA 91106

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987595

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1236 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Fran B. McWherter

Mailing Address 155 Canyon Diablo Rd

City State Zip Code
Sedona AZ 86351

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
01 / 23 / 2006

Transaction ID: 1987264

Amount of Each Receipt this Period
10.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Frank O. Wyse

Mailing Address 8865 E. Baseline Road, #1501

City State Zip Code
Mesa AZ 85209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988279

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Margaret Greenawalt

Mailing Address 8800 Montgomery Avenue

City State Zip Code
Wyndmoor PA 19038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987217

Amount of Each Receipt this Period
200.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1237 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Dr. Seymour Grossman

Mailing Address 2661 Cedar Street

City Berkeley State CA Zip Code 94708

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Musician (Retired M.D.)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1987653

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Nancy L. Graham

Mailing Address 2646 S Steele Street

City Denver State CO Zip Code 80210

FEC ID number of contributing federal political committee. **C**

Name of Employer Policy Studies Inc Occupation manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 25 / 2006

Transaction ID: 1988293

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Harold Tulchin

Mailing Address 8 Rittenhouse Road

City Bronxville State NY Zip Code 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987195

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1238 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Joan I Bolker

Mailing Address 10 chester st.

City State Zip Code
Newton MA 02461

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation psychologist/writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987221

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol A. Seibert

Mailing Address 2611 Lake Street

City State Zip Code
San Francisco CA 94121

FEC ID number of contributing federal political committee. **C**

Name of Employer San Francisco Wine Competition Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989659

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Janet Amphlett

Mailing Address 8 1/2 Ash Street Place

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987613

Amount of Each Receipt this Period
20.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1239 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Emma Rosow

Mailing Address 122 Green Way

City State Zip Code
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987255

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. David A. Pyne

Mailing Address 7248 Eaton Court

City State Zip Code
Dexter MI 48130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988270

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Amy L. Lowrey

Mailing Address 1502 Newning Ave

City State Zip Code
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Freelance Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988266

Amount of Each Receipt this Period
250.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1240 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Tamara Harris

Mailing Address 10175 Sunstar Road

City State Zip Code
Monterey CA 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
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
0 1 / 3 1 / 2 0 0 6

Transaction ID: 1990541

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Lois I. Schoenbrun

Mailing Address 7204 Garland Ave

City State Zip Code
Takoma Park MD 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Academy of Optometry Association CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989604

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Alison Tinsley

Mailing Address 2510 Snow Road

City State Zip Code
Las Cruces NM 88005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HayFields Realty, Inc. Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988327

Amount of Each Receipt this Period
250.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1241 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Gayle R. Hardt

Mailing Address 6977 Wentworth Ave. SW

City State Zip Code
Port Orchard WA 98367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Airlines Flight Attendant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989627

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Frances G. Pepper

Mailing Address 233 Oliver Road

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
volunteer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987243

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Shari Schubot

Mailing Address 1471 Folsom Road

City State Zip Code
Loxahatchee FL 33470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self artist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 1986693

Amount of Each Receipt this Period
10.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1242 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Deed

Mailing Address 657A Heritage Village

City State Zip Code
Southbury CT 06488

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988255

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Mary Jane Pringle

Mailing Address 2327 E. First Street

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Turning Points Therapy Psychotherapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989632

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Shirley M. Brown

Mailing Address 146 Tudor Oval

City State Zip Code
Westfield NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987208

Amount of Each Receipt this Period
50.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1243 / 1289 |
| | <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. Mrs. Heather K. Taylor | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 6432 Old Goose Creek Rd | | Transaction ID: 1987234 | |
| City Middleburg State VA Zip Code 20117 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | | |
| Name of Employer Occupation Retired | [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. Mrs. Phyllis G. Ceaser | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 22 San Jose Court | | Transaction ID: 1987634 | |
| City Walnut Creek State CA Zip Code 94598 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | | |
| Name of Employer Occupation homemaker | [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) C. Ms. Shirley A. Bandy | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 100 Mortier Drive, # 506 | | Transaction ID: 1987226 | |
| City College Station State TX Zip Code 77845 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date 0.00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1244 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sally Mock

Mailing Address 1433 Glenbrook Drive

City State Zip Code
Oklahoma City OK 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McAfee & Taft Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988269

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Elaine Dallman, Ph.D.

Mailing Address 601 Van Ness Avenue, # 6

City State Zip Code
San Francisco CA 94102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Entrepreneur

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987626

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Wendy N. Courtney

Mailing Address 60 Quartz Trail

City State Zip Code
Santa Fe NM 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self caregiver

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987179

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1245 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Enloe Ehrenfeld

Mailing Address 6 Shoreline Drive

City State Zip Code
Falmouth ME 04105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern Mary Comm Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987182

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Rev. Marvin Huggins

Mailing Address 5732 White Pine Drive

City State Zip Code
Saint Louis MO 63129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Concordia Historical Institute Archivist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987656

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Melody S. Robidoux

Mailing Address 10128 Se 16Th Place

City State Zip Code
Bellevue WA 98004

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1988976

Amount of Each Receipt this Period
500.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1246 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Lucille Cooper

Mailing Address 5460 Paseo del Lago, # A

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987277

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mr. Stefan Athanasiadis

Mailing Address 5215 Pipe Creek Road

City Batesville State IN Zip Code 47006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987583

Amount of Each Receipt this Period
10.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Leta G. Brewer

Mailing Address 14 San Fernando Ave

City Los Lunas State NM Zip Code 87031

FEC ID number of contributing federal political committee. **C**

Name of Employer John H. Harland Occupation Account Data Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987592

Amount of Each Receipt this Period
50.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1247 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Pat L. Deutch

Mailing Address 51 Clifton Street

City Belmont State MA Zip Code 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 25 / 2006

Transaction ID: 1988311

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marilyn J. Tiaven

Mailing Address 4980 Stacy Street

City Oakland State CA Zip Code 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 25 / 2006

Transaction ID: 1988323

Amount of Each Receipt this Period
50.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Conrad M. Goodwin

Mailing Address 4801 Westover Terrace

City Knoxville State TN Zip Code 37914

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation author

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1987643

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1248 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marcia Susan Kupferberg

Mailing Address 2001 Hamilton Street
Unit 502

City Philadelphia State PA Zip Code 19130

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
01 / 28 / 2006

Transaction ID: 1989590

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Geneva K. Loveland

Mailing Address 4801 Connecticut Avenue
#212

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Federal Judicial Center Occupation Attorney-Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987285

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Jo Heyl

Mailing Address 4701 Willard Avenue, #903

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 1988970

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1249 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. Rita M. Lang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 2 Red Oak Road | | Transaction ID: 1987599 |
| City State Zip Code Greenville SC 29615 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation Retired | [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. Ms. Suzanne M. Huard | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 463 Portland Avenue | | Transaction ID: 1989638 |
| City State Zip Code Rollinsford NH 03869 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation Univ of New Hampshire Mgr Information Systems | [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) C. Ms. Fay R. Bussgang | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 2 Forest Street | | Transaction ID: 1987177 |
| City State Zip Code Lexington MA 02421 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1250 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Tuson

Mailing Address 101 Rudy's Knob Lane
P.O. Box 4678

City Arcata State CA Zip Code 95521

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987618

Amount of Each Receipt this Period
15.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Estelle H. Voeller

Mailing Address 1365 Tolman Creek Road

City Ashland State OR Zip Code 97520

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Caregiver

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987231

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Charlotte S. Bird

Mailing Address 4182 Ingalls Street

City San Diego State CA Zip Code 92103

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
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987591

Amount of Each Receipt this Period
50.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1251 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Jean H. Kindleberger

Mailing Address 19 Prentiss Street

City State Zip Code
Cambridge MA 02140

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 3 0 / 2 0 0 6

Transaction ID: 1989982

Amount of Each Receipt this Period
100.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Julie F. Codell

Mailing Address 1316 E. McNair Drive

City State Zip Code
Tempe AZ 85283

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arizona State University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988290

Amount of Each Receipt this Period
25.00

Patsy Madrid Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Kathryn M. Anastos, M.D.

Mailing Address 41 Lewis Parkway

City State Zip Code
Yonkers NY 10705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Montefiore medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987205

Amount of Each Receipt this Period
100.00

Patsy Madrid 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1252 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Sherwin | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 403 James Wood Court | | Transaction ID: 1987187 | |
| City State Zip Code New Milford NJ 07646 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | | |
| Name of Employer Occupation Dickstein, Shapiro, Morin & Oshinsky Attorney | [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. Full Name (Last, First, Middle Initial) Ms. Mary Anne Schwalbe | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 | |
| Mailing Address 129 East 69th Street, # 12A | | Transaction ID: 1987213 | |
| City State Zip Code New York NY 10021 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | Patsy Madrid Contributions | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

| | | | |
|---|---|---|--|
| C. Full Name (Last, First, Middle Initial) Mrs. Sondra Langweil | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 | |
| Mailing Address 37 Valerian Court | | Transaction ID: 1989649 | |
| City State Zip Code N. Bethesda MD 20852 | Amount of Each Receipt this Period 10.00 | | |
| FEC ID number of contributing federal political committee. C | Paula Hollinger Contributions | | |
| Name of Employer Occupation Retired | [MEMO ITEM] MEMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1253 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Susan D. Ralston

Mailing Address 35 East 75 Street, # 4E

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1988945

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marjorie Dearmont

Mailing Address 101 Oak Crest Drive

City State Zip Code
Bertram TX 78605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self trainer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987273

Amount of Each Receipt this Period
20.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Abigail D. Faulkner

Mailing Address 345 Kelton Road

City State Zip Code
East Montpelier VT 05651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
none domestic engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 1988960

Amount of Each Receipt this Period
250.00

Paula Hollinger Contribtu-ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1254 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Dorothy A. Keville

Mailing Address 343 Commercial Street
501 Union Wharf

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Self

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988281

Amount of Each Receipt this Period
50.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Ellen L. Dale

Mailing Address 16 Gardiner Court

City Orinda State CA Zip Code 94563

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987598

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Laurel McLaughlin

Mailing Address Box 70019

City Fairbanks State AK Zip Code 99707

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989620

Amount of Each Receipt this Period
25.00

Paula Hollinger Contribtu-
ions

[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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1255 / 1289
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Judith E. Dubin

Mailing Address 9936 Beverly Grove Drive

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired child development specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987239

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Judy G Honig

Mailing Address 9911 Depaul Drive

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lapine Group consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987202

Amount of Each Receipt this Period
500.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Margaret Greenawalt

Mailing Address 8800 Montgomery Avenue

City State Zip Code
Wyndmoor PA 19038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987218

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-
ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1256 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Harold Tulchin

Mailing Address 8 Rittenhouse Road

City State Zip Code
Bronxville NY 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987198

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol A. Seibert

Mailing Address 2611 Lake Street

City State Zip Code
San Francisco CA 94121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Francisco Wine Compet-
ition Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 1989662

Amount of Each Receipt this Period
25.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mrs. Emma Rosow

Mailing Address 122 Green Way

City State Zip Code
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987258

Amount of Each Receipt this Period
50.00

Paula Hollinger Contribtu-
ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1257 / 1289 |
| | <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. Full Name (Last, First, Middle Initial)
Ms. Amy L. Lowrey

Mailing Address 1502 Newning Ave

City State Zip Code
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Freelance Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988264

Amount of Each Receipt this Period
250.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Gayle R. Hardt

Mailing Address 6977 Wentworth Ave. SW

City State Zip Code
Port Orchard WA 98367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Airlines Flight Attendant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989629

Amount of Each Receipt this Period
25.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Shari Schubot

Mailing Address 1471 Folsom Road

City State Zip Code
Loxahatchee FL 33470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 1986696

Amount of Each Receipt this Period
10.00

Paula Hollinger Contribtu-ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1258 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Deed

Mailing Address 657A Heritage Village

City State Zip Code
Southbury CT 06488

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1988258

Amount of Each Receipt this Period
25.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Heather K. Taylor

Mailing Address 6432 Old Goose Creek Rd

City State Zip Code
Middleburg VA 20117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987236

Amount of Each Receipt this Period
50.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Dr. Elaine Dallman, Ph.D.

Mailing Address 601 Van Ness Avenue, # 6

City State Zip Code
San Francisco CA 94102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Entrepreneur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987629

Amount of Each Receipt this Period
25.00

Paula Hollinger Contribtu-ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1259 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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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. Full Name (Last, First, Middle Initial)
Ms. Melody S. Robidoux

Mailing Address 10128 Se 16Th Place

City Bellevue State WA Zip Code 98004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1988974

Amount of Each Receipt this Period
250.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol R. Ducak

Mailing Address 14 E 56th Street

City Kansas City State MO Zip Code 64113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987250

Amount of Each Receipt this Period
36.00

Paula Hollinger Contribtu-ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Marcia Susan Kupferberg

Mailing Address 2001 Hamilton Street Unit 502

City Philadelphia State PA Zip Code 19130

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
01 / 28 / 2006

Transaction ID: 1989593

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1260 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Tuson

Mailing Address 101 Rudy's Knob Lane
P.O. Box 4678

City Arcata State CA Zip Code 95521

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987621

Amount of Each Receipt this Period
15.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Charlotte S. Bird

Mailing Address 4182 Ingalls Street

City San Diego State CA Zip Code 92103

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
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 1987590

Amount of Each Receipt this Period
50.00

Paula Hollinger Contribtu-
ions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Beth A. Rector

Mailing Address 415 Oak Street

City Chadbourn State NC Zip Code 28431

FEC ID number of contributing federal political committee. **C**

Name of Employer Opening Doors Preschool Occupation Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 1987658

Amount of Each Receipt this Period
100.00

Paula Hollinger Contribtu-
ions

[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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1261 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Elizabeth A. Sherwin

Mailing Address 403 James Wood Court

City State Zip Code
New Milford NJ 07646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dickstein, Shapiro, Morin, & Oshinsky Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987190

Amount of Each Receipt this Period
250.00

Paula Hollinger Contribu-
tions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Mrs. Sondra Langweil

Mailing Address 37 Valerian Court

City State Zip Code
N. Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989647

Amount of Each Receipt this Period
10.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Marjorie Dearmont

Mailing Address 101 Oak Crest Drive

City State Zip Code
Bertram TX 78605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self trainer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987271

Amount of Each Receipt this Period
20.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1262 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Susan D. Ralston

Mailing Address 35 East 75 Street, # 4E

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1988943

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Marcia L. McKenzie

Mailing Address PO Box 33977

City State Zip Code
Juneau AK 99803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 26 / 2006

Transaction ID: 1988939

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Laurel McLaughlin

Mailing Address Box 70019

City State Zip Code
Fairbanks AK 99707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 28 / 2006

Transaction ID: 1989619

Amount of Each Receipt this Period
25.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1263 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Laura D. Ford

Mailing Address 295 Red Tail Trail

City State Zip Code
Evergreen CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989676

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Nancy L. Graham

Mailing Address 2646 S Steele Street

City State Zip Code
Denver CO 80210

FEC ID number of contributing federal political committee. **C**

Name of Employer Policy Studies Inc Occupation
Policy Studies Inc manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988294

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Mr. Harold Tulchin

Mailing Address 8 Rittenhouse Road

City State Zip Code
Bronxville NY 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987196

Amount of Each Receipt this Period
100.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1264 / 1289 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Emma Rosow

Mailing Address 122 Green Way

City State Zip Code
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 23 / 2006

Transaction ID: 1987256

Amount of Each Receipt this Period
50.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Carol A. Seibert

Mailing Address 2611 Lake Street

City State Zip Code
San Francisco CA 94121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Francisco Wine Competition Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 27 / 2006

Transaction ID: 1989660

Amount of Each Receipt this Period
25.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Amy L. Lowrey

Mailing Address 1502 Newning Ave

City State Zip Code
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Freelance Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
01 / 24 / 2006

Transaction ID: 1988265

Amount of Each Receipt this Period
250.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1265 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <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. Gayle R. Hardt | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 6977 Wentworth Ave. SW | | Transaction ID: 1989628 |
| City State Zip Code Port Orchard WA 98367 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| Name of Employer United Airlines | Occupation Flight Attendant | |
| 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. Shari Schubot | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6 |
| Mailing Address 1471 Folsom Road | | Transaction ID: 1986694 |
| City State Zip Code Loxahatchee FL 33470 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| 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 ▼ 0.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Kenneth R. Deed | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 657A Heritage Village | | Transaction ID: 1988260 |
| City State Zip Code Southbury CT 06488 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| Name of Employer | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1266 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Shirley A. Bandy

Mailing Address 100 Mortier Drive, # 506

City State Zip Code
College Station TX 77845

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987227

Amount of Each Receipt this Period
10.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Mary Jane Pringle

Mailing Address 2327 E. First Street

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Turning Points Therapy Psychotherapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 6

Transaction ID: 1989633

Amount of Each Receipt this Period
25.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Roberta L. Martin

Mailing Address 6040 Pitch Lane

City State Zip Code
Boynton Beach FL 33437

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988301

Amount of Each Receipt this Period
25.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1267 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Sally Mock

Mailing Address 1433 Glenbrook Drive

City State Zip Code
Oklahoma City OK 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McAfee & Taft Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1988268

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Dr. Elaine Dallman, Ph.D.

Mailing Address 601 Van Ness Avenue, # 6

City State Zip Code
San Francisco CA 94102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Entrepreneur

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987627

Amount of Each Receipt this Period
25.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Melody S. Robidoux

Mailing Address 10128 Se 16Th Place

City State Zip Code
Bellevue WA 98004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: 1988975

Amount of Each Receipt this Period
500.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1268 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Rev. Marvin Huggins

Mailing Address 5732 White Pine Drive

City State Zip Code
Saint Louis MO 63129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Concordia Historical Institute Archivist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987655

Amount of Each Receipt this Period
25.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Jane F. Hopkins

Mailing Address 20650 Lomita Avenue

City State Zip Code
Saratoga CA 95070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987646

Amount of Each Receipt this Period
50.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Marcia Susan Kupferberg

Mailing Address 2001 Hamilton Street
Unit 502

City State Zip Code
Philadelphia PA 19130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989591

Amount of Each Receipt this Period
100.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1269 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Marilyn J. Tiaven

Mailing Address 4980 Stacy Street

City State Zip Code
Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer 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
0 1 / 2 5 / 2 0 0 6

Transaction ID: 1988324

Amount of Each Receipt this Period
50.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Tuson

Mailing Address 101 Rudy's Knob Lane
P.O. Box 4678

City State Zip Code
Arcata CA 95521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 1987619

Amount of Each Receipt this Period
15.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Martha S. Solano

Mailing Address 4622 Citation Court

City State Zip Code
Batavia OH 45103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987266

Amount of Each Receipt this Period
50.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1270 / 1289 |
| | <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. Ms. Nancy Macchia | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 457 Beacon Street, # 5 | | Transaction ID: 1989665 |
| City State Zip Code Boston MA 02115 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| Name of Employer Self employed | Occupation Consultant | |
| 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. Dr. Steven S. Saeger | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 |
| Mailing Address 4474 Greenbriar Blvd | | Transaction ID: 1989654 |
| City State Zip Code Boulder CO 80305 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| Name of Employer Analysis Group, Inc. | Occupation Economist | |
| 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) C. Ms. Charlotte S. Bird | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 |
| Mailing Address 4182 Ingalls Street | | Transaction ID: 1987589 |
| City State Zip Code San Diego CA 92103 | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | Peggy Lamm Contributions [MEMO ITEM] MEMO |
| 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 ▼ 0.00 | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1271 / 1289 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mr. Morris Moore

Mailing Address 4145 Amber Street

City State Zip Code
Boulder CO 80304

FEC ID number of contributing federal political committee. **C**

Name of Employer
Colorado Permanente Medical Group

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
0 1 / 2 8 / 2 0 0 6

Transaction ID: 1989668

Amount of Each Receipt this Period
25.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth A. Sherwin

Mailing Address 403 James Wood Court

City State Zip Code
New Milford NJ 07646

FEC ID number of contributing federal political committee. **C**

Name of Employer
Dickstein, Shapiro, Morin, & Oshinsky

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987188

Amount of Each Receipt this Period
250.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

C. Full Name (Last, First, Middle Initial)
Ms. Mary Anne Schwalbe

Mailing Address 129 East 69th Street, # 12A

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer

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
0 1 / 2 3 / 2 0 0 6

Transaction ID: 1987214

Amount of Each Receipt this Period
50.00

Peggy Lamm 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1272 / 1289 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Joan I Bolker

Mailing Address 10 chester st.

City State Zip Code
Newton MA 02461

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
psychologist/writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 1987222

Amount of Each Receipt this Period
100.00

Peggy Lamm Contributions

[MEMO ITEM]
MEMO

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 828246.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1273 / 1289 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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. Full Name (Last, First, Middle Initial) Ellen Malcolm | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1120 Conn Ave NW Suite 1100 | | Transaction ID: 4335 |
| City Washington State DC Zip Code 20036 | Amount of Each Receipt this Period 23.08 | |
| FEC ID number of contributing federal political committee. C | Deliveries | |
| Name of Employer Occupation | Orig vendor UPS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Karen White | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1334 Walnut Avenue | | Transaction ID: 4336 |
| City Annapolis State MD Zip Code 21403 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Postage | |
| Name of Employer Occupation | Orig Vendor US Post Office | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Carrie Giddins | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 4601 Conn Ave NW Apt 909 | | Transaction ID: 4337 |
| City Washington State DC Zip Code 20008 | Amount of Each Receipt this Period 1.48 | |
| FEC ID number of contributing federal political committee. C | Telephone | |
| Name of Employer Occupation | Orig Vendor Working Assets | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 49.56 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1274 / 1289 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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. Full Name (Last, First, Middle Initial)
Carrie Giddins

Mailing Address 4601 Conn Ave NW
Apt 909

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 4338

Amount of Each Receipt this Period
16.72

Postage

Orig Vendor US Post Office

B. Full Name (Last, First, Middle Initial)
Quiyana Washington

Mailing Address 5613 Elberton Court

City Hyattsville State MD Zip Code 20781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 4339

Amount of Each Receipt this Period
0.97

Postage

Orig Vendor US Post Office

C. Full Name (Last, First, Middle Initial)
Britt Cocanour

Mailing Address 3100 Connecticut Ave NW
Apt 330

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Transaction ID: 4341

Amount of Each Receipt this Period
0.15

Telephone

Orig Vendor Working Assets

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 17.84 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1275 / 1289
(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)
Britt Cocanour

Mailing Address 3100 Conn Ave NW
Apt 330

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 ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4342

Amount of Each Receipt this Period
2.22

Postage

Orig Vendor US Post Office

B. Full Name (Last, First, Middle Initial)
Britt Cocanour

Mailing Address 3100 Conn Ave NW
Apt 330

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 ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4343

Amount of Each Receipt this Period
19.61

Deliveries

Orig Vendor Quick Messenger

C. Full Name (Last, First, Middle Initial)
Ellen Malcolm

Mailing Address 1120 Connecticut Ave NW
Suite 1100

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4334

Amount of Each Receipt this Period
1.28

Telephone

Orig Vendor Working Assets

SUBTOTAL of Receipts This Page (optional) ► **23.11**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1276 / 1289 |
| | <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 | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1120 Conn Ave NW 11th Floor | | Transaction ID: 4344 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 4200.00 | |
| FEC ID number of contributing federal political committee. C | Sublease Rent | |
| Name of Employer Occupation | Orig Vendor Jack Bender | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Alimar Partners | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1120 Conn Ave NW 11th Floor | | Transaction ID: 4345 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 0.20 | |
| FEC ID number of contributing federal political committee. C | Copies | |
| Name of Employer Occupation | Orig Vendor Prime Office | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Alimar Partners | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1120 Conn Ave NW 11th Floor | | Transaction ID: 4346 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 12.15 | |
| FEC ID number of contributing federal political committee. C | Telephone | |
| Name of Employer Occupation | ORig Vendor Working Assets | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4212.35 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1277 / 1289 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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. Alimar Partners | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1120 Connecticut Ave NW 11th Floor | | Transaction ID: 4347 |
| City Washington | State DC | Zip Code 20036 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 14.17 |
| Name of Employer | Occupation | Postage |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor US Post Office |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Susan Finkle | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6 |
| Mailing Address 11605 34th Place | | Transaction ID: 4340 |
| City Beltsville | State MD | Zip Code 20705 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 0.50 |
| Name of Employer | Occupation | Telephone |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor Working Assets |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Friends of Nusbaum for Congress | | Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 6 |
| Mailing Address 305 S. Broadway | | Transaction ID: 4348 |
| City Green Bay | State WI | Zip Code 54303 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 14501.70 |
| Name of Employer | Occupation | Mailing Expenses |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | at Fair Market Value |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 14516.37 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 / 1289
(check only one)

| | | | |
|------------------------------|------------------------------|--|-----------------------------|
| <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 checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Klobuchar for Minnesota

Mailing Address PO Box 4146

City State Zip Code
St Paul MN 55104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 6

Transaction ID: 4349

Amount of Each Receipt this Period
14288.02

Mailing Expenses
at Fair Market Value

B. Full Name (Last, First, Middle Initial)
McCaskill fo Missouri

Mailing Address PO Box 6771

City State Zip Code
St Louis MO 63144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 6

Transaction ID: 4350

Amount of Each Receipt this Period
14288.02

Mailing Expenses
at Fair market Value

C. Full Name (Last, First, Middle Initial)
Peggy Lamm for Congress

Mailing Address PO Box 740490

City State Zip Code
Arvada CO 80006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 6

Transaction ID: 4351

Amount of Each Receipt this Period
14501.70

Mailing Expenses
at Fair Market Value

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 43077.74 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1279 / 1289
(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)
Paula Hollinger for Congress

Mailing Address PO Box 5861

City State Zip Code
Baltimore MD 21282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4352

Amount of Each Receipt this Period
14501.70

Mailing Expenses
at Fair Market Value

B. Full Name (Last, First, Middle Initial)
Madrid for Congress

Mailing Address PO Box 25626

City State Zip Code
Albuquerque NM 87125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4353

Amount of Each Receipt this Period
14501.70

Mailing Expenses
at Fair Market Value

C. Full Name (Last, First, Middle Initial)
Re-Elect Cantwell

Mailing Address PO Box 61528

City State Zip Code
Vancouver WA 98666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4354

Amount of Each Receipt this Period
14288.02

Mailing Expenses
at Fair Market Value

SUBTOTAL of Receipts This Page (optional) ► **43291.42**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1280 / 1289 |
| | <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. Production Solutions | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1953 Gallows Rd Suite 800 | | Transaction ID: 4355 |
| City Vienna State VA Zip Code 22182 | Amount of Each Receipt this Period 154.52 | |
| FEC ID number of contributing federal political committee. C | | Postage Refund |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Sabrina Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 1265 | | Transaction ID: 4356 |
| City North Beach State MD Zip Code 20714 | Amount of Each Receipt this Period 380.38 | |
| FEC ID number of contributing federal political committee. C | | Office Supplies |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor American Express |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Dana Jones | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 11726 Putting Green Crt | | Transaction ID: 4357 |
| City Reston State VA Zip Code 20191 | Amount of Each Receipt this Period 10.65 | |
| FEC ID number of contributing federal political committee. C | | Telephone |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor Working Assets |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 545.55 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 / 1289
(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)
Dana Jones

Mailing Address 11726 Putting Green Court

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4358

Amount of Each Receipt this Period
46.09

Postage

Orig Vendor US Post Office

B. Full Name (Last, First, Middle Initial)
Barb Perell

Mailing Address 1320 N Veitch Street #1716

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4359

Amount of Each Receipt this Period
1.54

Telephone

Orig Vendor Working Assets

C. Full Name (Last, First, Middle Initial)
Susan Markham

Mailing Address 1423 A Street, SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4360

Amount of Each Receipt this Period
1.41

Telephone

Orig Vendor Working Assets

SUBTOTAL of Receipts This Page (optional) ► **49.04**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1282 / 1289 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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) A. Julie Holzhueter | | Date of Receipt MM / DD / YYYY 01 / 13 / 2006 |
| Mailing Address 6825 19th Road N | | Transaction ID: 4361 |
| City Arlington | State VA | Zip Code 22205 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 4.00 |
| Name of Employer | Occupation | Telephone |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor Aworking Assets |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. WI Dept of Revenue | | Date of Receipt MM / DD / YYYY 01 / 27 / 2006 |
| Mailing Address PO Box 93208 | | Transaction ID: 4364 |
| City Milwaukee | State WI | Zip Code 53293 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 13.75 |
| Name of Employer | Occupation | Withholding Tax Refund |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. AliMar Partners | | Date of Receipt MM / DD / YYYY 01 / 27 / 2006 |
| Mailing Address 1120 Conn Ave NW 11th Floor | | Transaction ID: 4366 |
| City Washington | State DC | Zip Code 20036 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 0.76 |
| Name of Employer | Occupation | Copies |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | Orig Vendor Prime Office |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 18.51 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 / 1289
(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)
AliMar Partners

Mailing Address 1120 Connecticut Ave NW
11th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 4367

Amount of Each Receipt this Period
20.12

Telephone

Orig Vendor Working Assets

B. Full Name (Last, First, Middle Initial)
AliMar Partners

Mailing Address 1120 Connecticut Ave NW
11th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 4368

Amount of Each Receipt this Period
33.62

Postage

Orig Vendor US Post Office

C. Full Name (Last, First, Middle Initial)
Sabrina Brown

Mailing Address PO Box 1265

City State Zip Code
North Beach MD 20714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4370

Amount of Each Receipt this Period
2.12

Postage

Orig Vendor US Post Office

SUBTOTAL of Receipts This Page (optional) ► **55.86**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 / 1289
(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)
Britt Cocanour

Mailing Address 3100 Conn Ave NW
Apt 330

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 ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4371

Amount of Each Receipt this Period
0.38

Telephone

Orig Vendor Working Assets

B. Full Name (Last, First, Middle Initial)
Kate Chapek

Mailing Address 1320 N Veitch
#1037

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4374

Amount of Each Receipt this Period
11.32

Deliveries

Orig Vendor UPS

C. Full Name (Last, First, Middle Initial)
Sybil Dunlop

Mailing Address 1901 18th Ave S
Apt 205

City State Zip Code
Nashville TN 37212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4375

Amount of Each Receipt this Period
8.20

Postage

Orig Vendor US Post Office

SUBTOTAL of Receipts This Page (optional) ► **19.90**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1285 / 1289 |
| | <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. Sabrina Brown | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address PO Box 1265 | | Transaction ID: 4369 | |
| City North Beach | State MD | Zip Code 20714 | Amount of Each Receipt this Period 4.76 |
| FEC ID number of contributing federal political committee. C | | Telephone | |
| Name of Employer | Occupation | Orig Vendor Working Assets | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

| | | | |
|---|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Britt Cocanour | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 | |
| Mailing Address 3100 Conn Ave NW Apt 330 | | Transaction ID: 4372 | |
| City Washington | State DC | Zip Code 20008 | Amount of Each Receipt this Period 10.65 |
| FEC ID number of contributing federal political committee. C | | Postage | |
| Name of Employer | Occupation | Orig Vendor US Post Office | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

| | | | |
|---|---------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Staples | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 | |
| Mailing Address PO Box 469 | | Transaction ID: 4365 | |
| City Coppell | State TX | Zip Code 75019 | Amount of Each Receipt this Period 5.00 |
| FEC ID number of contributing federal political committee. C | | Office Supplies Rebate | |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 20.41 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1286 / 1289 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input checked="" type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Kate Chapek

Mailing Address 1320 N Veitch St
#1037

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4373

Amount of Each Receipt this Period
3.58

Postage

Orig Vendor US Post Office

B. Full Name (Last, First, Middle Initial)
Joanne Wilson

Mailing Address 3806 Viser Court

City State Zip Code
Bowie MD 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 4376

Amount of Each Receipt this Period
4.21

Telephone

Orig vendor Working Assets

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 7.79 |
| TOTAL This Period (last page this line number only) | ▶ | 105905.45 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|--|--|------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 1287 / 1289 |
| | <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) A. Fifth Third Bancorp | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6 |
| Mailing Address 2 North LaSalle Street | | Transaction ID: 4363 |
| City State Zip Code Chicago IL 60602 | Amount of Each Receipt this Period 5.70 | |
| FEC ID number of contributing federal political committee. C | Dividend | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 5.70 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1501 Pennsylvania Ave NW | | Transaction ID: 4333 |
| City State Zip Code Washington DC 20015 | Amount of Each Receipt this Period 3086.78 | |
| FEC ID number of contributing federal political committee. C | Interest | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 3086.78 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 1501 Pennsylvania Ave NW | | Transaction ID: 4377 |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 162.04 | |
| FEC ID number of contributing federal political committee. C | Interest | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 162.04 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3254.52 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 1288 / 1289 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <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

A. Full Name (Last, First, Middle Initial)
Merril Lynch

Mailing Address 1850 K Street NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.19

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 4378

Amount of Each Receipt this Period
111.19

Interest

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 111.19 |
| TOTAL This Period (last page this line number only) | ▶ | 3365.71 |

Image# 26980118890

Form/Schedule: **H4 & 21B** No expenditures reported on Lines 21a or 21b were made on behalf of federal candidates.

Transaction ID:
