



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
EMILY's List

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		260369.37
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1136304.08									
(c) Total Receipts (from Line 19) .....	1253298.45	13265810.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2389602.53	13526179.40								
7. Total Disbursements (from Line 31) .....	1171302.44	12307879.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1218300.09	1218300.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
EMILY's List

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	474041.50	5350967.50
(i) Itemized (use Schedule A) .....	222847.79	4003026.61
(ii) Unitemized .....	696889.29	9353994.11
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	1500.00
(b) Political Party Committees .....	0.00	32473.85
(c) Other Political Committees (such as PACs) .....	696889.29	9387967.96
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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) .....	73484.83	311238.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10271.85	54129.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	472652.48	3512473.58
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	472652.48	3512473.58
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1253298.45	13265810.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	780645.97	9753336.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	339816.10	3644306.16
(ii) Non-Federal Share.....	339817.58	3634233.12
(b) Other Federal Operating Expenditures.....	322163.63	4447152.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1001797.31	11725692.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26768.86	152589.00
24. Independent Expenditure (use Schedule E) .....	125000.00	158652.32
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	200000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5630.00	22767.00
(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)) .....	5630.00	22767.00
29. Other Disbursements.....	12106.27	48178.77
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))..	1171302.44	12307879.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	831484.86	8673646.19

**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) .....	696889.29	9387967.96
34. Total Contribution Refunds (from Line 28(d)) .....	5630.00	22767.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	691259.29	9365200.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	661979.73	8091459.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	73484.83	311238.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	588494.90	7780220.45

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

PAGE 7 / 2072

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 2007**

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-1215

**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 1 0 / 0 2 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 105158.28
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BREAKDOWN OF TRANSFER RECEIVED		
<b>i) Total Administrative</b> .....		102081.39 Transaction ID: H3-EL-1216
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) PSP07	3076.89	Transaction ID: H3-EL-1217
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		3076.89
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 Bank of America-NF- #3	DATE OF RECEIPT M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 199297.80
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	199297.80	Transaction ID: H3-EL-1218
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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#1	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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	TOTAL AMOUNT TRANSFERRED <table border="1"> <tr> <td>1906.73</td> </tr> </table>	1906.73
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	7														
1906.73																							

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	<table border="1"><tr><td>1906.73</td></tr></table>	1906.73	<b>Transaction ID:</b> H3-EL-1219
1906.73			
<b>ii) Generic Voter Drive</b> .....	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
<b>iii) Exempt Activities</b> .....	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)			
a) _____	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
b) _____	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
c) Total Amount Transferred for Direct Fundraising .....	<table border="1"><tr><td></td></tr></table>		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)			
a) _____	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
b) _____	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>
c) Total Amount Transferred For Direct Candidate Support .....	<table border="1"><tr><td></td></tr></table>		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)	<table border="1"><tr><td></td></tr></table>		<b>Transaction ID:</b>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Exempt Activities) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Direct Fundraising) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	<table border="1"><tr><td></td></tr></table>	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	<table border="1"><tr><td></td></tr></table>	

**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 10 / 11 / 2007	TOTAL AMOUNT TRANSFERRED 6420.31
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	6276.45	Transaction ID: H3-EL-1220
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) PSP07	143.86	Transaction ID: H3-EL-1221
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....	143.86	
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> 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 10 / 12 / 2007	TOTAL AMOUNT TRANSFERRED 15680.39
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		12975.95 Transaction ID: H3-EL-1222
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) PSP07	2704.44	Transaction ID: H3-EL-1223
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		2704.44
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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Bank of America-NF- #3	M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	144188.97

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....		140369.14	Transaction ID: H3-EL-1224
<b>ii) Generic Voter Drive</b> .....			Transaction ID:
<b>iii) Exempt Activities</b> .....			Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)			
a) PSP07	3819.83		Transaction ID: H3-EL-1226
b)			Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		3819.83	
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)			
a)			Transaction ID:
b)			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....			
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)			Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	462907.46
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	9745.02
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	472652.48

**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)**  
John Hancock c/o City Bank Delaware

Mailing Address  
1615 Brett Road Lock Box 7122

City State Zip Code  
New Castle DE 19720

Purpose of Disbursement:  
Employment Pension/ 401(k)

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6453394.78

Date 10 / 01 / 2007

Transaction ID: H4-113381

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15237.45		15237.45		30474.90

**B. 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:  
Office Supplies Expenses

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6453834.43

Date 10 / 03 / 2007

Transaction ID: H4-112849

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
219.82		219.83		439.65

**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:  
Local Transportation

Category/  
Type

Activity or Event Identifier:  
PSP07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

157763.51

Date 10 / 03 / 2007

Transaction ID: H4-112850

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.89		38.90		77.79

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15496.16		15496.18		30992.34

**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)**  
Campaign Team, Inc. c/o Anna Lidman

Mailing Address  
37 Brookview Terrace

City State Zip Code  
Portland ME 04102

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
PSP07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

157841.09

Date 10 / 03 / 2007

Transaction ID: H4-112851

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.79		38.79		77.58

**B. Full Name (Last, First, Middle Initial)**  
Linda Chappetto

Mailing Address  
29 E. Wilson Street Apt 301

City State Zip Code  
Madison WI 53703-3402

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6453933.63

Date 10 / 03 / 2007

Transaction ID: H4-112853

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.60		49.60		99.20

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

Mailing Address  
9228 Gaither Road

City State Zip Code  
Gaithersburg MD 20877

Purpose of Disbursement:  
Office Supplies Expenses

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6455567.98

Date 10 / 03 / 2007

Transaction ID: H4-112854

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
817.17		817.18		1634.35

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
905.56		905.57		1811.13

**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)**  
Diverse Office Solutions

Mailing Address  
9228 Gaither Road

City State Zip Code  
Gaithersburg MD 20877

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

6455661.19

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-112855

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.60		46.61		93.21

**B. Full Name (Last, First, Middle Initial)**  
Metro Computer Supplies

Mailing Address  
1200 18th Street, NW Suite LL101

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

6456217.16

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-112860

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.98		277.99		555.97

**C. Full Name (Last, First, Middle Initial)**  
Perkins Coie

Mailing Address  
1201 Third Avenue 40th Floor

City State Zip Code  
Seattle WA 98101-3099

Purpose of Disbursement:  
Legal 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

6460046.16

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-112863

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1914.50		1914.50		3829.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2239.08		2239.10		4478.18

**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)**  
Perkins Coie

Mailing Address  
1201 Third Avenue 40th Floor

City State Zip Code  
Seattle WA 98101-3099

Purpose of Disbursement:  
Legal 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

6461578.16

Activity or Event Identifier:  
AVD07

Date 10 / 03 / 2007

Transaction ID: H4-112864

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
766.00		766.00		1532.00

**B. Full Name (Last, First, Middle Initial)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement:  
Deliveries

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

6461873.93

Activity or Event Identifier:  
AVD07

Date 10 / 03 / 2007

Transaction ID: H4-112888

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.88		147.89		295.77

**C. Full Name (Last, First, Middle Initial)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement:  
Deliveries

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

157973.43

Activity or Event Identifier:  
PSP07

Date 10 / 03 / 2007

Transaction ID: H4-112889

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.17		66.17		132.34

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
980.05		980.06		1960.11

**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)**  
Verizon Wireless

Mailing Address  
PO Box 25506

City Lehigh Valley	State PA	Zip Code 18002-5506	Category/ Type
Purpose of Disbursement: Telephone			

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6461926.65

Date   /   /      
**Transaction ID:** H4-112891

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.36		26.36		52.72

**B. 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:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6462041.59

Date   /   /      
**Transaction ID:** H4-112892

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.47		57.47		114.94

**C. Full Name (Last, First, Middle Initial)**  
San Francisco Tax Collector

Mailing Address  
P.O. Box 7426

City San Francisco	State CA	Zip Code 94120-7426	Category/ Type
Purpose of Disbursement: Taxes - Payroll			

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6465947.63

Date   /   /      
**Transaction ID:** H4-112904

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1953.02		1953.02		3906.04

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2036.85		2036.85		4073.70

**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)**  
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:  
PSP07

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  
159070.11

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112910

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
548.34		548.34		1096.68

**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:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
AVD07

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  
6466193.46

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112911

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.91		122.92		245.83

**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/Accommodation /Meals/Office

Activity or Event Identifier:  
PSP07

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  
159172.40

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112912

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.14		51.15		102.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
722.39		722.41		1444.80

**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)**  
American Express

Mailing Address  
PO Box 360001

City Ft Lauderdale	State FL	Zip Code 33336-0001	Category/ Type
Purpose of Disbursement: Printing			

Activity or Event Identifier:  
AVD07  
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  
6466251.09

Date   /   /      
**Transaction ID:** H4-112913

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.81		28.82		57.63

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

Mailing Address  
P.O. Box 2853

City New York	State NY	Zip Code 10116-2853	Category/ Type
Purpose of Disbursement: Travel/Accommodation /Meals			

Activity or Event Identifier:  
PSP07  
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  
159272.77

Date   /   /      
**Transaction ID:** H4-112914

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.18		50.19		100.37

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

Mailing Address  
P.O. Box 2853

City New York	State NY	Zip Code 10116-2853	Category/ Type
Purpose of Disbursement: Travel/Accommodation /Meals			

Activity or Event Identifier:  
PSP07  
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  
159321.97

Date   /   /      
**Transaction ID:** H4-112915

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.60		24.60		49.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
103.59		103.61		207.20

**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  
Suite 0001

City State Zip Code  
Chicago IL 60679-0001

Purpose of Disbursement:  
Parking Fees

Category/  
Type

Activity or Event Identifier:  
AVD07

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

6466321.09

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112916

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.00		35.00		70.00

**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:  
Copying/Faxing

Category/  
Type

Activity or Event Identifier:  
PSP07

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

159323.73

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112919

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.88		0.88		1.76

**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:  
Deliveries

Category/  
Type

Activity or Event Identifier:  
PSP07

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

159351.66

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112920

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.96		13.97		27.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.84		49.85		99.69

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 159439.54		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-112921		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.94		43.94		87.88

<b>B. Full Name (Last, First, Middle Initial)</b> 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 159968.51		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112922		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
264.48		264.49		528.97

<b>C. Full Name (Last, First, Middle Initial)</b> 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 160211.41		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112923		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.45		121.45		242.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
429.87		429.88		859.75

**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
[Empty]	[Empty]	[Empty]

**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:  
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

6466342.99

Activity or Event Identifier:  
AVD07

Date 10 / 11 / 2007

Transaction ID: H4-112924

See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.95		10.95		21.90

**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:  
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

160359.38

Activity or Event Identifier:  
PSP07

Date 10 / 11 / 2007

Transaction ID: H4-112925

See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.98		73.99		147.97

**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:  
Printing

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

161189.22

Activity or Event Identifier:  
PSP07

Date 10 / 11 / 2007

Transaction ID: H4-112930

See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
414.92		414.92		829.84

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
499.85		499.86		999.71

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 161207.28		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-112932		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.03		9.03		18.06

<b>B. Full Name (Last, First, Middle Initial)</b> 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 161265.28		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112933		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.00		29.00		58.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 161271.20		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-112934		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.96		2.96		5.92

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.99		40.99		81.98

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6466432.99		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals					
Activity or Event Identifier: AVD07 See Attached Memo Entry			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-112935		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.00		45.00		90.00

<b>B. Full Name (Last, First, Middle Initial)</b> 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 161418.71		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-112936		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.75		73.76		147.51

<b>C. Full Name (Last, First, Middle Initial)</b> 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 161491.72		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-112941		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.50		36.51		73.01

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.25		155.27		310.52

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 360001			Allocated Activity or Event Year-To-Date 161507.50		
City Ft. Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Internet Services			Transaction ID: H4-112942		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.89		7.89		15.78

<b>B. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 360001			Allocated Activity or Event Year-To-Date 161538.95		
City Ft. Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112943		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.72		15.73		31.45

<b>C. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 360001			Allocated Activity or Event Year-To-Date 161640.21		
City Ft. Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112944		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.63		50.63		101.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.24		74.25		148.49

**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	State	Zip Code
Ft. Lauderdale	FL	33336-0001

Purpose of Disbursement:  
Postage

Activity or Event Identifier:  
PSP07

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  
161650.06

Date   /   /      
**Transaction ID:** H4-112945

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.92		4.93		9.85

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

Mailing Address  
P.O. Box 360001

City	State	Zip Code
Ft. Lauderdale	FL	33336-0001

Purpose of Disbursement:  
Telephone

Activity or Event Identifier:  
PSP07

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  
161812.32

Date   /   /      
**Transaction ID:** H4-112946

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.13		81.13		162.26

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

Mailing Address  
P.O. Box 360001

City	State	Zip Code
Ft. Lauderdale	FL	33336-0001

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
PSP07

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  
161837.32

Date   /   /      
**Transaction ID:** H4-112947

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.50		12.50		25.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.55		98.56		197.11

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6466480.75																						
City	State	Zip Code	Category/ Type																						
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Travel/Accommodation /Meals			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>1</td><td>0</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	1	1	/	2	0	0	7																
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-112966																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.88		23.88		47.76

<b>B. Full Name (Last, First, Middle Initial)</b> AT&T			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 1262			Allocated Activity or Event Year-To-Date 161966.39																						
City	State	Zip Code	Category/ Type																						
Charlotte	NC	28201-1262																							
Purpose of Disbursement: Internet Services			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>1</td><td>0</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	1	1	/	2	0	0	7																
Activity or Event Identifier: PSP07			Transaction ID: H4-112968																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
64.53		64.54		129.07

<b>C. Full Name (Last, First, Middle Initial)</b> Cambridge Transportation			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 36392 Treasury Center			Allocated Activity or Event Year-To-Date 6466568.75																						
City	State	Zip Code	Category/ Type																						
Chicago	IL	60694-6300																							
Purpose of Disbursement: Insurance General			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>1</td><td>0</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	1	1	/	2	0	0	7																
Activity or Event Identifier: AVD07			Transaction ID: H4-112969																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.00		44.00		88.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
132.41		132.42		264.83

**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

<b>A. Full Name (Last, First, Middle Initial)</b> DC Treasurer DC Government			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 96019			Allocated Activity or Event Year-To-Date 6468008.07		
City Washington	State DC	Zip Code 20090-6019	Date <small>M M / D D / Y Y Y Y</small> 10 / 11 / 2007		
Purpose of Disbursement: Taxes - Corporate			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-112971		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
719.66		719.66		1439.32

<b>B. Full Name (Last, First, Middle Initial)</b> DC Government Office of Tax and Revenue			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 96384			Allocated Activity or Event Year-To-Date 6468014.04		
City Washington	State DC	Zip Code 20090	Date <small>M M / D D / Y Y Y Y</small> 10 / 11 / 2007		
Purpose of Disbursement: Taxes - Sales & Use			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-112972		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.98		2.99		5.97

<b>C. Full Name (Last, First, Middle Initial)</b> Delicious Inc.			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 26 Medway Rd #7			Allocated Activity or Event Year-To-Date 162282.69		
City San Rafael	State CA	Zip Code 94901	Date <small>M M / D D / Y Y Y Y</small> 10 / 11 / 2007		
Purpose of Disbursement: Catering/Facilities			Category/ Type		
Activity or Event Identifier: PSP07			Transaction ID: H4-112973		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.15		158.15		316.30

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
880.79		880.80		1761.59

**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)**  
Friends & Company Staffing

Mailing Address  
6564 Loisdale Court Suite 1020

City State Zip Code  
Springfield VA 22150

Purpose of Disbursement:  
Temporary Help

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

6468462.84

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112977

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
224.40		224.40		448.80

**B. 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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6475375.84

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112978

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3456.50		3456.50		6913.00

**C. 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:  
Computer 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

162313.64

Activity or Event Identifier:  
PSP07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112979

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.47		15.48		30.95

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3696.37		3696.38		7392.75

**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** New York **State** NY **Zip Code** 10128  
**Purpose of Disbursement:**  
Travel/Accommodation /Meals  
**Activity or Event Identifier:**  
PSP07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
162619.84  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112980

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
153.10		153.10		306.20

**B. Full Name (Last, First, Middle Initial)**  
Ikon Office Solutions  
**Mailing Address**  
P.O. Box 827468  
**City** Philadelphia **State** PA **Zip Code** 19182-7468  
**Purpose of Disbursement:**  
Equipment Rental  
**Activity or Event Identifier:**  
AVD07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
6478253.05  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112981

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1438.60		1438.61		2877.21

**C. Full Name (Last, First, Middle Initial)**  
Ikon Office Solutions  
**Mailing Address**  
P.O. Box 827468  
**City** Philadelphia **State** PA **Zip Code** 19182-7468  
**Purpose of Disbursement:**  
Equipment Rental  
**Activity or Event Identifier:**  
AVD07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
6478521.79  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112982

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
134.37		134.37		268.74

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1726.07		1726.08		3452.15

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6478606.39		
City Palatine	State IL	Zip Code 60095	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-112984		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.30		42.30		84.60

<b>B. Full Name (Last, First, Middle Initial)</b> 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 816 Lucky Rd			Allocated Activity or Event Year-To-Date 6478644.39		
City Severn	State MD	Zip Code 21144	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Internet Services			Transaction ID: H4-112988		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.00		19.00		38.00

<b>C. Full Name (Last, First, Middle Initial)</b> Anna Lidman			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 37 Brookview Terrace			Allocated Activity or Event Year-To-Date 162661.84		
City Portland	State ME	Zip Code 04102	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-112989		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		21.00		42.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.30		82.30		164.60

**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)**  
Anna Lidman

Mailing Address  
37 Brookview Terrace

City State Zip Code  
Portland ME 04102

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

162669.32

Activity or Event Identifier:  
PSP07

Date 10 / 11 / 2007

Transaction ID: H4-112990

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.74		3.74		7.48

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

Mailing Address  
P. O. Box 105271

City State Zip Code  
Atlanta GA 30348-5271

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

162707.20

Activity or Event Identifier:  
PSP07

Date 10 / 11 / 2007

Transaction ID: H4-112991

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.94		18.94		37.88

**C. Full Name (Last, First, Middle Initial)**  
Metro Computer Supplies

Mailing Address  
1200 18th Street, NW Suite LL101

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

6478821.05

Activity or Event Identifier:  
AVD07

Date 10 / 11 / 2007

Transaction ID: H4-112992

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.33		88.33		176.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
111.01		111.01		222.02

**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)**  
Pitney Bowes Global Financial Services LLC

Mailing Address  
PO Box 856460

City	State	Zip Code
Louisville	KY	40285-6460

Purpose of Disbursement:  
Equipment Rental

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6479058.46

Date  /  /   
**Transaction ID:** H4-112995

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.70		118.71		237.41

**B. Full Name (Last, First, Middle Initial)**  
Pitney Bowes Global Financial Services LLC

Mailing Address  
PO Box 856460

City	State	Zip Code
Louisville	KY	40285-6460

Purpose of Disbursement:  
Equipment Rental

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6480734.90

Date  /  /   
**Transaction ID:** H4-112996

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
838.22		838.22		1676.44

**C. Full Name (Last, First, Middle Initial)**  
PTI Communications

Mailing Address  
1334-E Shepard Drive

City	State	Zip Code
Sterling	VA	20164-4426

Purpose of Disbursement:  
Repairs Maintenance

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6480944.90

Date  /  /   
**Transaction ID:** H4-112998

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		105.00		210.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1061.92		1061.93		2123.85

**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)**  
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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6483451.64

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-112999

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1253.37		1253.37		2506.74

**B. Full Name (Last, First, Middle Initial)**  
Sirus Consulting, Inc.

Mailing Address

7550 Southwest 4th Street

City State Zip Code  
Plantation FL 33317

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

163382.20

Activity or Event Identifier:  
PSP07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
337.50		337.50		675.00

**C. Full Name (Last, First, Middle Initial)**  
Sujata Tejwani

Mailing Address

201 West 77th Street Apt 4F

City State Zip Code  
New York NY 10024

Purpose of Disbursement:  
Consulting Training

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

6485251.64

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
900.00		900.00		1800.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2490.87		2490.87		4981.74

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Thomas House Coffee Service			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 2309 Kansas Ave.			Allocated Activity or Event Year-To-Date 6485254.73		
City	State	Zip Code	Category/ Type		
Silver Spring	MD	20910			
Purpose of Disbursement: Office Supplies Expenses			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113002		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1.54"/>		<input type="text" value="1.55"/>		<input type="text" value="3.09"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Thomas House Coffee Service			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 2309 Kansas Ave.			Allocated Activity or Event Year-To-Date 6485393.84		
City	State	Zip Code	Category/ Type		
Silver Spring	MD	20910			
Purpose of Disbursement: Office Supplies Expenses			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113003		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="69.55"/>		<input type="text" value="69.56"/>		<input type="text" value="139.11"/>

<b>C. Full Name (Last, First, Middle Initial)</b> 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 6486393.84		
City	State	Zip Code	Category/ Type		
Washington	DC	20001			
Purpose of Disbursement: Local Transportation			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113006		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="500.00"/>		<input type="text" value="500.00"/>		<input type="text" value="1000.00"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="571.09"/>		<input type="text" value="571.11"/>		<input type="text" value="1142.20"/>

**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)**  
WMATA

Mailing Address  
600 5th St., NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement:  
Local Transportation

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6487373.84

Date  /  /   
**Transaction ID:** H4-113007

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
490.00		490.00		980.00

**B. 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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6487413.32

Date  /  /   
**Transaction ID:** H4-113008

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.74		19.74		39.48

**C. 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:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6487496.68

Date  /  /   
**Transaction ID:** H4-113009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.68		41.68		83.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
551.42		551.42		1102.84

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6487706.68		
City Portola Valley	State CA	Zip Code 94028	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113010		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		105.00		210.00

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6487816.66		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Office Supplies Expenses			Category/ Type		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113015		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.99		54.99		109.98

<b>C. Full Name (Last, First, Middle Initial)</b> 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 6487954.26		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 10 / 11 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113016		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.80		68.80		137.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
228.79		228.79		457.58

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 1270			Allocated Activity or Event Year-To-Date 6487969.21	
City Newark	State NJ	Zip Code 07101-1270	Date MM / DD / YYYY 10 / 11 / 2007	
Purpose of Disbursement: Internet Services			Category/Type [ ]	
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113017	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.47		7.48		14.95

<b>B. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 1270			Allocated Activity or Event Year-To-Date 6488051.94	
City Newark	State NJ	Zip Code 07101-1270	Date MM / DD / YYYY 10 / 11 / 2007	
Purpose of Disbursement: Office Supplies Expenses			Category/Type [ ]	
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113018	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.36		41.37		82.73

<b>C. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 1270			Allocated Activity or Event Year-To-Date 6488070.82	
City Newark	State NJ	Zip Code 07101-1270	Date MM / DD / YYYY 10 / 11 / 2007	
Purpose of Disbursement: Publication & Dues			Category/Type [ ]	
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113019	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.44		9.44		18.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.27		58.29		116.56

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 P.O. Box 1270			Allocated Activity or Event Year-To-Date 6490713.42		
City	State	Zip Code	Category/ Type		
Newark	NJ	07101-1270			
Purpose of Disbursement: Travel/Accommodation /Meals			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113020		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1321.30		1321.30		2642.60

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6491816.75		
City	State	Zip Code	Category/ Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113021		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
551.66		551.67		1103.33

<b>C. Full Name (Last, First, Middle Initial)</b> 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 6492891.12		
City	State	Zip Code	Category/ Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113023		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
537.18		537.19		1074.37

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2410.14		2410.16		4820.30

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6499545.59		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113068		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3327.23		3327.24		6654.47

<b>B. Full Name (Last, First, Middle Initial)</b> 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 164741.32		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-113069		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
679.56		679.56		1359.12

<b>C. Full Name (Last, First, Middle Initial)</b> 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 166073.77		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Purpose of Disbursement: Computer Services			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-113070		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
666.22		666.23		1332.45

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4673.01		4673.03		9346.04

**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:**  
Equipment Rental  
**Activity or Event Identifier:**  
AVD07  
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**  
6500540.55  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113071

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
497.48		497.48		994.96

**B. 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:**  
Internet Services  
**Activity or Event Identifier:**  
AVD07  
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**  
6500587.49  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113072

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.47		23.47		46.94

**C. 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:**  
Office Supplies Expenses  
**Activity or Event Identifier:**  
PSP07  
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**  
166627.05  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113073

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
276.64		276.64		553.28

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
797.59		797.59		1595.18

**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)**  
American Express  
**Mailing Address**  
PO Box 360001  
**City** Ft Lauderdale **State** FL **Zip Code** 33336-0001  
**Purpose of Disbursement:**  
Printing  
**Activity or Event Identifier:**  
PSP07  
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**  
167406.82  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113074

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
389.88		389.89		779.77

**B. 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:**  
Publication & Dues  
**Activity or Event Identifier:**  
AVD07  
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**  
6500662.49  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113075

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.50		37.50		75.00

**C. 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:**  
Local Transportation  
**Activity or Event Identifier:**  
AVD07  
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**  
6500897.09  
**Date** 10 / 15 / 2007  
**Transaction ID:** H4-113076

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.30		117.30		234.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
544.68		544.69		1089.37

**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 State Zip Code  
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
AVD07

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

6506289.71

Date   /   /

Transaction ID: H4-113077

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2696.31		2696.31		5392.62

**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:  
Travel/Accommodation /Meals

Category/  
Type

Activity or Event Identifier:  
AVD07

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

6514273.32

Date   /   /

Transaction ID: H4-113078

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3991.80		3991.81		7983.61

**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/Accommodation /Meals

Category/  
Type

Activity or Event Identifier:  
AVD07

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

6516793.40

Date   /   /

Transaction ID: H4-113079

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1260.04		1260.04		2520.08

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7948.15		7948.16		15896.31

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 <div style="border: 1px solid black; padding: 2px;">6517231.00</div>		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-113080		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">218.80</div>		<div style="border: 1px solid black; padding: 2px;">218.80</div>		<div style="border: 1px solid black; padding: 2px;">437.60</div>

<b>B. Full Name (Last, First, Middle Initial)</b> 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 <div style="border: 1px solid black; padding: 2px;">169769.15</div>		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-113081		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">1181.16</div>		<div style="border: 1px solid black; padding: 2px;">1181.17</div>		<div style="border: 1px solid black; padding: 2px;">2362.33</div>

<b>C. Full Name (Last, First, Middle Initial)</b> Monisa Chakraborty			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 34 Amelia Drive			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;">6517397.65</div>		
City Fort Oglethorpe	State GA	Zip Code 30742	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Strategic Consulting			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113278		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">83.32</div>		<div style="border: 1px solid black; padding: 2px;">83.33</div>		<div style="border: 1px solid black; padding: 2px;">166.65</div>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">1483.28</div>		<div style="border: 1px solid black; padding: 2px;">1483.30</div>		<div style="border: 1px solid black; padding: 2px;">2966.58</div>

**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
<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>

**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)**  
Christie P Roberts

Mailing Address  
11 Platz Dr

City	State	Zip Code
Skillman	NJ	08558

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6517564.30

Date   /   /

Transaction ID: H4-113280

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**B. Full Name (Last, First, Middle Initial)**  
Sarah L Chung

Mailing Address  
6921 Highlight Place

City	State	Zip Code
Plano	TX	75074

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6517730.95

Date   /   /

Transaction ID: H4-113281

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**C. Full Name (Last, First, Middle Initial)**  
Elizabeth A LaFauce

Mailing Address  
53-11 62 St

City	State	Zip Code
Maspeth	NY	11378

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6517897.60

Date   /   /

Transaction ID: H4-113282

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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)**  
Ashley Holm

Mailing Address  
6955 Dancaster Road

City State Zip Code  
Topeka KS 66610

Purpose of Disbursement:  
Strategic Consulting

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6518064.25

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113283

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**B. Full Name (Last, First, Middle Initial)**  
Jonathan B Fromowitz

Mailing Address  
4301 Mass Ave, NW Unit #4014

City State Zip Code  
Washington DC 20016

Purpose of Disbursement:  
Strategic Consulting

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6518230.90

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113284

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**C. Full Name (Last, First, Middle Initial)**  
Scott P McLean

Mailing Address  
1637 E 2100 S

City State Zip Code  
Salt Lake City UT 84105

Purpose of Disbursement:  
Strategic Consulting

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6518397.55

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113285

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Eliot Enriquez			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 2839 Bowen Street			Allocated Activity or Event Year-To-Date 6518564.20		
City Graton	State CA	Zip Code 95444	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Strategic Consulting			Transaction ID: H4-113286		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

<b>B. Full Name (Last, First, Middle Initial)</b> Carolyn Fraker			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 5230 South 7th Street			Allocated Activity or Event Year-To-Date 6518730.85		
City Arlington	State VA	Zip Code 22204	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Strategic Consulting			Transaction ID: H4-113287		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

<b>C. Full Name (Last, First, Middle Initial)</b> Troy Golden			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 3601 Blackhawk Drive			Allocated Activity or Event Year-To-Date 6518897.50		
City Madison	State WI	Zip Code 53705	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Strategic Consulting			Transaction ID: H4-113288		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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)**  
Leora B Rothenberg

Mailing Address  
8905 Norwick Rd

City	State	Zip Code
Richmond	VA	23229

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519064.15

Date   /   /

Transaction ID: H4-113289

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**B. Full Name (Last, First, Middle Initial)**  
Sudip K Dutta

Mailing Address  
5119 Carolwood Lane

City	State	Zip Code
Durham	NC	27713

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519230.80

Date   /   /

Transaction ID: H4-113290

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**C. Full Name (Last, First, Middle Initial)**  
Dara F Goodman

Mailing Address  
3 Fox Run Road

City	State	Zip Code
Bedford	MA	01730

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519397.45

Date   /   /

Transaction ID: H4-113291

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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)**  
Alexandra Platkin

Mailing Address  
3221 Dorsett Lane

City York	State PA	Zip Code 17402
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Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519564.10

Date   /   /

Transaction ID: H4-113292

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**B. Full Name (Last, First, Middle Initial)**  
Jessica Blakemore

Mailing Address  
1155 Avenue of the Americas 40th Floor

City New York	State NY	Zip Code 10036
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Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519730.75

Date   /   /

Transaction ID: H4-113293

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**C. Full Name (Last, First, Middle Initial)**  
Sarah N Cotton

Mailing Address  
2475 DeCarlin Drive

City Brookfield	State WI	Zip Code 53045
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Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6519897.40

Date   /   /

Transaction ID: H4-113294

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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)**  
Galyn E.P. Akens Chatman

Mailing Address  
1916 Lake Heritage Circle Apt 415

City	State	Zip Code
Orlando	FL	32839

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6520064.05

Date   /   /      
**Transaction ID:** H4-113295

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**B. Full Name (Last, First, Middle Initial)**  
Jessica Krupke

Mailing Address  
5426 Fortuna Parkway

City	State	Zip Code
Clay	NY	13041

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6520230.70

Date   /   /      
**Transaction ID:** H4-113296

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**C. Full Name (Last, First, Middle Initial)**  
Jessica Robetor

Mailing Address  
18 Semons Avenue

City	State	Zip Code
Latham	NY	12110

Purpose of Disbursement:  
Strategic Consulting

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6520397.35

Date   /   /      
**Transaction ID:** H4-113297

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.96		249.99		499.95

**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)**  
John M Ross

Mailing Address  
4400 W University #18202

City State Zip Code  
Dallas TX 75209

Purpose of Disbursement:  
Strategic Consulting

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

6520564.00

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113298

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.32		83.33		166.65

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

Mailing Address  
1770 Columbia Rd. NW

City State Zip Code  
Washington DC 20009

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

6521800.50

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113299

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
618.25		618.25		1236.50

**C. Full Name (Last, First, Middle Initial)**  
SaBrina Brown

Mailing Address  
3730 5th St. P.O. Box 1265

City State Zip Code  
North Beach MD 20714

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

6524613.05

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113300

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1406.27		1406.28		2812.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2107.84		2107.86		4215.70

**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

Mailing Address  
2902 Kings Chapel Rd, #7

City State Zip Code  
Falls Church VA 22042

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

6526354.76

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113301

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
870.85		870.86		1741.71

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

Mailing Address  
1765 Swann St, NW #1

City State Zip Code  
Washington DC 20009

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

6527645.72

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113302

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
645.48		645.48		1290.96

**C. 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

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6529780.98

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113303

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1067.63		1067.63		2135.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2583.96		2583.97		5167.93

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 816 Lucky Rd			Allocated Activity or Event Year-To-Date 6532000.50	
City Severn	State MD	Zip Code 21144	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Salaries			Transaction ID: H4-113304	
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1109.76"/>		<input type="text" value="1109.76"/>		<input type="text" value="2219.52"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Jessica Schultz			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 River Road NW			Allocated Activity or Event Year-To-Date 6532919.63	
City Washington	State DC	Zip Code 20016	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Salaries			Transaction ID: H4-113305	
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="459.56"/>		<input type="text" value="459.57"/>		<input type="text" value="919.13"/>

<b>C. Full Name (Last, First, Middle Initial)</b> 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 6606 Allegheny Ave			Allocated Activity or Event Year-To-Date 6536731.56	
City Takoma Park	State MD	Zip Code 20912	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Salaries			Transaction ID: H4-113306	
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1905.96"/>		<input type="text" value="1905.97"/>		<input type="text" value="3811.93"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3475.28"/>		<input type="text" value="3475.30"/>		<input type="text" value="6950.58"/>

**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)**  
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

6541014.48

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113307

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2141.46		2141.46		4282.92

**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

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6546225.27

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113308

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2605.39		2605.40		5210.79

**C. Full Name (Last, First, Middle Initial)**  
Tosha Washington

Mailing Address  
3306 Wyndham Circle #327

City State Zip Code  
Alexandria VA 22302

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

6548162.40

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113309

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
968.56		968.57		1937.13

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5715.41		5715.43		11430.84

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Shannon Abbott			<b>Type of Allocated Activity:</b> <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 2807 Connecticut Ave NW #202			Allocated Activity or Event Year-To-Date [ 6548337.14 ]	
City Washington	State DC	Zip Code 20007	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 1 0 / 1 5 / 2 0 0 7 ] <b>Transaction ID:</b> H4-113310	
Purpose of Disbursement: Salaries				
Activity or Event Identifier: AVD07			Category/ Type [ ]	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 87.37 ]		[ 87.37 ]		[ 174.74 ]

<b>B. Full Name (Last, First, Middle Initial)</b> Julie Angelo			<b>Type of Allocated Activity:</b> <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 Federal Hall Room 314			Allocated Activity or Event Year-To-Date [ 6548464.12 ]	
City Washington	State DC	Zip Code 20016	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 1 0 / 1 5 / 2 0 0 7 ] <b>Transaction ID:</b> H4-113311	
Purpose of Disbursement: Salaries				
Activity or Event Identifier: AVD07			Category/ Type [ ]	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 63.49 ]		[ 63.49 ]		[ 126.98 ]

<b>C. Full Name (Last, First, Middle Initial)</b> Sandra Bishop			<b>Type of Allocated Activity:</b> <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 2901 16th Street, NW #304			Allocated Activity or Event Year-To-Date [ 6551218.03 ]	
City Washington	State DC	Zip Code 20009	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 1 0 / 1 5 / 2 0 0 7 ] <b>Transaction ID:</b> H4-113312	
Purpose of Disbursement: Salaries				
Activity or Event Identifier: AVD07			Category/ Type [ ]	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 1376.95 ]		[ 1376.96 ]		[ 2753.91 ]

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 1527.81 ]		[ 1527.82 ]		[ 3055.63 ]

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Ha-Hoa Dang			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 2741 Woodley Place			Allocated Activity or Event Year-To-Date 6552435.21		
City	State	Zip Code	Category/ Type		
Falls Church	VA	22046			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113313		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
608.59		608.59		1217.18

<b>B. Full Name (Last, First, Middle Initial)</b> Sarah Farhadian			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 450 Massachusetts Ave NW #318			Allocated Activity or Event Year-To-Date 6553418.13		
City	State	Zip Code	Category/ Type		
Washington	DC	20001			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113314		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
491.46		491.46		982.92

<b>C. Full Name (Last, First, Middle Initial)</b> Sara Little			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 1500 Massachusetts Ave., NW # 727			Allocated Activity or Event Year-To-Date 6554295.80		
City	State	Zip Code	Category/ Type		
Washington	DC	20005			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113315		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
438.83		438.84		877.67

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1538.88		1538.89		3077.77

**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)**  
Kristina Pace

Mailing Address  
4400 Massachusetts Ave, NW

City	State	Zip Code
Washington	DC	20016

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6554408.78

Date   /   /

Transaction ID: H4-113316

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

**B. 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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6555908.78

Date   /   /

Transaction ID: H4-113317

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		750.00		1500.00

**C. Full Name (Last, First, Middle Initial)**  
Tiffany Reed

Mailing Address  
2450 Ontario Rd, NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6557408.78

Date   /   /

Transaction ID: H4-113318

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		750.00		1500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1556.49		1556.49		3112.98

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Kristen Schultz			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 1810 Wyoming Avenue NW			Allocated Activity or Event Year-To-Date 6558793.86		
City Washington	State DC	Zip Code 20009	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113319		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
692.54		692.54		1385.08

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6560191.85		
City Bowie	State MD	Zip Code 20715	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113320		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
698.99		699.00		1397.99

<b>C. Full Name (Last, First, Middle Initial)</b> Lauren Ebersole			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 17052 Castle Hill Road			Allocated Activity or Event Year-To-Date 6560422.72		
City Hagerstown	State MD	Zip Code 21740	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113321		
Activity or Event Identifier: AVD07					

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
1506.96		1506.98		3013.94

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 414 Wynnerwood Road			Allocated Activity or Event Year-To-Date 6562067.89		
City Pelham Manor	State NY	Zip Code 10803	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113322		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
822.58		822.59		1645.17

<b>B. Full Name (Last, First, Middle Initial)</b> 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 3114 E. Baltimore			Allocated Activity or Event Year-To-Date 6564448.31		
City Baltimore	State MD	Zip Code 21224	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113323		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1190.21		1190.21		2380.42

<b>C. Full Name (Last, First, Middle Initial)</b> 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 6568805.96		
City Miami	State FL	Zip Code 33170	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113324		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2178.82		2178.83		4357.65

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4191.61		4191.63		8383.24

**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)**  
Anna Lidman

Mailing Address  
37 Brookview Terrace

City State Zip Code  
Portland ME 04102

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

6571213.87

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113325

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1203.95		1203.96		2407.91

**B. 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

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

6575035.64

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113326

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1910.88		1910.89		3821.77

**C. 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

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

6576051.34

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113327

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
507.85		507.85		1015.70

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3622.68		3622.70		7245.38

**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)**  
Sherry Merfish

Mailing Address  
EMILY's List-TX 2720 Pittsburg Street

City State Zip Code  
Houston TX 77005

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

6579905.61

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113328

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1927.13		1927.14		3854.27

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

Mailing Address  
1503 30th Street NW Apt 1

City State Zip Code  
Washington DC 20007

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

6581062.52

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113329

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
578.45		578.46		1156.91

**C. Full Name (Last, First, Middle Initial)**  
Perry Sacks

Mailing Address  
4400 Massachusetts Avenue #614

City State Zip Code  
Washington DC 20016

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

6581143.32

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113330

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.40		40.40		80.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2545.98		2546.00		5091.98

**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)**  
Janine Salalac

Mailing Address  
4875 Mattos Drive

City State Zip Code  
Freemont CA 94536

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

6582014.11

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113331

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.39		435.40		870.79

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

Mailing Address  
617 14th Street, N.E

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

6582893.71

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113332

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
439.80		439.80		879.60

**C. Full Name (Last, First, Middle Initial)**  
Kaiya Waddell

Mailing Address  
7960 Money Rd

City State Zip Code  
Napa CA 94558

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

6583751.85

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113333

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
429.07		429.07		858.14

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1304.26		1304.27		2608.53

**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 Williams

Mailing Address  
1520 12th Street B

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6585383.39

Date   /   /

Transaction ID: H4-113334

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
815.77		815.77		1631.54

**B. 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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6589672.27

Date   /   /

Transaction ID: H4-113335

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2144.44		2144.44		4288.88

**C. Full Name (Last, First, Middle Initial)**  
Katherine Brittain

Mailing Address  
1499 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6589753.07

Date   /   /

Transaction ID: H4-113336

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.40		40.40		80.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3000.61		3000.61		6001.22

**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)**  
Jeanne Duncan

Mailing Address  
1633 NE Going Street

City	State	Zip Code
Portland	OR	97211

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6592574.90

Date   /   /

Transaction ID: H4-113337

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1410.91		1410.92		2821.83

**B. Full Name (Last, First, Middle Initial)**  
Laura Mann

Mailing Address  
3220 Connecticut Ave, NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6592802.77

Date   /   /

Transaction ID: H4-113338

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.93		113.94		227.87

**C. Full Name (Last, First, Middle Initial)**  
Mary Martin

Mailing Address  
3900 Fairfax Drive Apt 1505

City	State	Zip Code
Arlington	VA	22203

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6592987.47

Date   /   /

Transaction ID: H4-113339

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.35		92.35		184.70

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1617.19		1617.21		3234.40

**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)**  
Allison Muehlenbeck

Mailing Address  
511 Marina Avenue

City State Zip Code  
Coronado CA 92118

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

6593873.58

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113340

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
443.05		443.06		886.11

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

Mailing Address  
10012 Dallas Avenue

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

6596864.08

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113341

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1495.25		1495.25		2990.50

**C. Full Name (Last, First, Middle Initial)**  
Channing Ansley

Mailing Address  
437 N Street SW

City State Zip Code  
Washington DC 20024

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

6598164.44

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113342

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
650.18		650.18		1300.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2588.48		2588.49		5176.97

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Kristen Bartoloni			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 3850 Tunlaww Road   Apt 311			Allocated Activity or Event Year-To-Date 6598302.96		
City Washington	State DC	Zip Code 20007	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113343		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.26		69.26		138.52

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6600737.21		
City Madison	State WI	Zip Code 53703	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113344		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1217.12		1217.13		2434.25

<b>C. Full Name (Last, First, Middle Initial)</b> Matthew Burgess			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 3221 Connecticut Ave NW #506			Allocated Activity or Event Year-To-Date 6603081.03		
City Washington	State DC	Zip Code 20008	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113345		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1171.91		1171.91		2343.82

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2458.29		2458.30		4916.59

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Molly Canty			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 4400 Massachusetts Ave, NW			Allocated Activity or Event Year-To-Date 6603196.47		
City Washington	State DC	Zip Code 20016	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113346		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.72		57.72		115.44

<b>B. Full Name (Last, First, Middle Initial)</b> 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 1435 N St. NW			Allocated Activity or Event Year-To-Date 6604877.75		
City Washington	State DC	Zip Code 20007	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113347		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.64		840.64		1681.28

<b>C. Full Name (Last, First, Middle Initial)</b> Linda Chappetto			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 29 E. Wilson Street Apt 301			Allocated Activity or Event Year-To-Date 6606554.08		
City Madison	State WI	Zip Code 53703-3402	Date MM / DD / YYYY 10 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113348		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
838.16		838.17		1676.33

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1736.52		1736.53		3473.05

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Kelsey Coday			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 208B Q St. NW			Allocated Activity or Event Year-To-Date 6607540.67		
City Washington	State DC	Zip Code 20001	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113349		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
493.29		493.30		986.59

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6610339.70		
City North Scituate	State RI	Zip Code 02857	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113350		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1399.51		1399.52		2799.03

<b>C. Full Name (Last, First, Middle Initial)</b> Kellie Dupree			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 1644 Florida Ave. N.W.			Allocated Activity or Event Year-To-Date 6611587.28		
City Washington	State DC	Zip Code 20009	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113351		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
623.79		623.79		1247.58

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2516.59		2516.61		5033.20

**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 Marcy Gallup

Mailing Address  
P.O. Box 6

City State Zip Code  
East Glacier Park MT 59434

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

6614123.89

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113352

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1268.30		1268.31		2536.61

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

Mailing Address  
1199 Hampton Park Drive

City State Zip Code  
Richmond Heights MO 63117

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

6616633.36

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113353

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1254.73		1254.74		2509.47

**C. Full Name (Last, First, Middle Initial)**  
Betty Feng

Mailing Address  
1632 19th Street, NW Apt 2

City State Zip Code  
Washington DC 20009

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

6616817.06

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113354

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.85		91.85		183.70

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2614.88		2614.90		5229.78

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6619174.72		
City Washington	State DC	Zip Code 20002	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113355		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1178.83		1178.83		2357.66

<b>B. Full Name (Last, First, Middle Initial)</b> Maren Hesla			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 5515 Little Falls Rd.			Allocated Activity or Event Year-To-Date 6623025.95		
City Arlington	State VA	Zip Code 22207	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113356		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1925.61		1925.62		3851.23

<b>C. Full Name (Last, First, Middle Initial)</b> Sarah Hirsch			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 607 23rd Street #404			Allocated Activity or Event Year-To-Date 6623160.51		
City Washington	State DC	Zip Code 20052	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113357		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.28		67.28		134.56

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3171.72		3171.73		6343.45

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Dana Jones			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 21766 Cypress Valley Terrace			Allocated Activity or Event Year-To-Date 6625712.81		
City Sterling	State VA	Zip Code 20166	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113358		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1276.15		1276.15		2552.30

<b>B. Full Name (Last, First, Middle Initial)</b> Ellen Kennedy			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 2701 Elnora Drive			Allocated Activity or Event Year-To-Date 6625928.77		
City Silver Spring	State MD	Zip Code 20902	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113359		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.98		107.98		215.96

<b>C. Full Name (Last, First, Middle Initial)</b> Kari Lundstad-Vogt			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 739 3rd Street, SW			Allocated Activity or Event Year-To-Date 6627107.67		
City Washington	State DC	Zip Code 20024	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113360		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
589.45		589.45		1178.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1973.58		1973.58		3947.16

**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)**  
Susan Markham

Mailing Address  
1402 Emerson Street, NW

City	State	Zip Code
Washington	DC	20011

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6629776.88

Date   /   /

Transaction ID: H4-113361

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1334.60		1334.61		2669.21

**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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6631549.86

Date   /   /

Transaction ID: H4-113362

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
886.49		886.49		1772.98

**C. Full Name (Last, First, Middle Initial)**  
Jonathan Parker

Mailing Address  
1611 Hobart Street NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6634859.79

Date   /   /

Transaction ID: H4-113363

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1654.96		1654.97		3309.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3876.05		3876.07		7752.12

**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)**  
Lynnette Robinson

Mailing Address  
5933 Quantrell Avenue #104

City State Zip Code  
Alexandria VA 22312

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

6635798.10

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113364

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
469.15		469.16		938.31

**B. Full Name (Last, First, Middle Initial)**  
Rene Rodriguez

Mailing Address  
1500 Arlington Blvd #602

City State Zip Code  
Arlington VA 22209

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

6636013.26

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113365

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.58		107.58		215.16

**C. Full Name (Last, First, Middle Initial)**  
Emily Roth

Mailing Address  
510 21st Street NW #118

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

6636147.82

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113366

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.28		67.28		134.56

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
644.01		644.02		1288.03

**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)**  
Paul Simon

Mailing Address  
4501 Connecticut Avenue NW #22

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6637563.30

Date   /   /

Transaction ID: H4-113367

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
707.74		707.74		1415.48

**B. Full Name (Last, First, Middle Initial)**  
Marissa Smith

Mailing Address  
2350 H Street NW #407

City	State	Zip Code
Washington	DC	20052

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6637676.28

Date   /   /

Transaction ID: H4-113368

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

**C. Full Name (Last, First, Middle Initial)**  
Patrick Stanton

Mailing Address  
165 Shepard Road

City	State	Zip Code
Braintree	MA	02184

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6638678.08

Date   /   /

Transaction ID: H4-113369

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.90		500.90		1001.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1265.13		1265.13		2530.26

**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)**  
Michelle Stephenson

Mailing Address  
9638 Twin Lakes Avenue

City State Zip Code  
Marion MI 49665

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

6639613.31

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113370

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
467.61		467.62		935.23

**B. 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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6641875.95

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113371

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1131.32		1131.32		2262.64

**C. Full Name (Last, First, Middle Initial)**  
Simone Ward

Mailing Address  
320 23rd Street S Apt 302

City State Zip Code  
Arlington VA 22202

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

6644371.83

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 15 / 2007

Transaction ID: H4-113372

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1247.94		1247.94		2495.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2846.87		2846.88		5693.75

**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 Zellerbach

Mailing Address  
1168 Greenwich St #2

City	State	Zip Code
San Francisco	CA	94109

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6646499.24

Date   /   /

Transaction ID: H4-113373

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1063.70		1063.71		2127.41

**B. Full Name (Last, First, Middle Initial)**  
Laila Mohib

Mailing Address  
616 E Street N.W. Apt 712

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6647641.17

Date   /   /

Transaction ID: H4-113374

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
570.96		570.97		1141.93

**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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6649130.70

Date   /   /

Transaction ID: H4-113375

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
744.76		744.77		1489.53

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2379.42		2379.45		4758.87

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6651099.16		
City Hyattsville	State MD	Zip Code 20781	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113376		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="984.23"/>		<input type="text" value="984.23"/>		<input type="text" value="1968.46"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Paychex			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 3060 Williams Drive #300			Allocated Activity or Event Year-To-Date 6713217.71		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Transaction ID: H4-113377		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="31059.27"/>		<input type="text" value="31059.28"/>		<input type="text" value="62118.55"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Paychex			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 3060 Williams Drive #300			Allocated Activity or Event Year-To-Date 6714196.47		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Transaction ID: H4-113378		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="489.38"/>		<input type="text" value="489.38"/>		<input type="text" value="978.76"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="32532.88"/>		<input type="text" value="32532.89"/>		<input type="text" value="65065.77"/>

**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
<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)**  
Yvonne Williams

Mailing Address  
5412 Bradford Ct. #231

City State Zip Code  
Alexandria VA 22311

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

6715561.34

Activity or Event Identifier:  
AVD07

Date 10 / 15 / 2007

Transaction ID: H4-113379

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
682.43		682.44		1364.87

**B. Full Name (Last, First, Middle Initial)**  
John Hancock c/o City Bank Delaware

Mailing Address  
1615 Brett Road Lock Box 7122

City State Zip Code  
New Castle DE 19720

Purpose of Disbursement:  
Employment Pension/ 401(k)

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

6728764.89

Activity or Event Identifier:  
AVD07

Date 10 / 16 / 2007

Transaction ID: H4-113380

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6601.77		6601.78		13203.55

**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:  
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

6728801.33

Activity or Event Identifier:  
AVD07

Date 10 / 18 / 2007

Transaction ID: H4-113095

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.22		18.22		36.44

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7302.42		7302.44		14604.86

**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)**  
AT&T  
Mailing Address  
Payment Center  
City State Zip Code  
Sacramento CA 95887-0001  
Purpose of Disbursement:  
Internet Services  
Activity or Event Identifier:  
AVD07

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
6729389.53  
Date 10 / 18 / 2007  
Transaction ID: H4-113096

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
294.10 + 294.10 = 588.20

**B. Full Name (Last, First, Middle Initial)**  
AT&T  
Mailing Address  
Payment Center  
City State Zip Code  
Sacramento CA 95887-0001  
Purpose of Disbursement:  
Telephone  
Activity or Event Identifier:  
AVD07

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
6730447.37  
Date 10 / 18 / 2007  
Transaction ID: H4-113097

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
528.92 + 528.92 = 1057.84

**C. Full Name (Last, First, Middle Initial)**  
ATX Telecommunications  
Mailing Address  
P.O. Box 9257  
City State Zip Code  
Uniondale NY 11555  
Purpose of Disbursement:  
Telephone  
Activity or Event Identifier:  
AVD07

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
6732001.87  
Date 10 / 18 / 2007  
Transaction ID: H4-113098

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
777.25 + 777.25 = 1554.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1600.27 + 1600.27 = 3200.54

**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)**  
SaBrina Brown

Mailing Address  
3730 5th St. P.O. Box 1265

City State Zip Code  
North Beach MD 20714

Purpose of Disbursement:  
Internet Services

Activity or Event Identifier:  
AVD07

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  
6732047.82

Date 10 / 18 / 2007  
Transaction ID: H4-113100

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.97		22.98		45.95

**B. Full Name (Last, First, Middle Initial)**  
Linda Chappetto

Mailing Address  
29 E. Wilson Street Apt 301

City State Zip Code  
Madison WI 53703-3402

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6732193.62

Date 10 / 18 / 2007  
Transaction ID: H4-113101

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.90		72.90		145.80

**C. Full Name (Last, First, Middle Initial)**  
Cogent Communications, Inc.

Mailing Address  
P.O. Box 791087

City State Zip Code  
Baltimore MD 21279-1087

Purpose of Disbursement:  
Internet Services

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6732743.62

Date 10 / 18 / 2007  
Transaction ID: H4-113103

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
275.00		275.00		550.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
370.87		370.88		741.75

**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)**  
Contract Cleaning Services Inc JIB Service Group

Mailing Address  
1120 Connecticut Ave, NW 1200

City	State	Zip Code	Category/ Type
Washington	DC	20036	

Purpose of Disbursement:  
Building Utilities & Fees

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6733060.87

Date   /   /      
**Transaction ID:** H4-113104

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.62		158.63		317.25

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

Mailing Address  
P.O. Box 52271

City	State	Zip Code	Category/ Type
Phoenix	AR	85072-2271	

Purpose of Disbursement:  
Office Supplies Expenses

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6733340.72

Date   /   /      
**Transaction ID:** H4-113105

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.92		139.93		279.85

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

Mailing Address  
9228 Gaither Road

City	State	Zip Code	Category/ Type
Gaithersburg	MD	20877	

Purpose of Disbursement:  
Office Supplies Expenses

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6733343.25

Date   /   /      
**Transaction ID:** H4-113106

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.26		1.27		2.53

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
299.80		299.83		599.63

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			<b>Type of Allocated Activity:</b> <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 9228 Gaither Road			Allocated Activity or Event Year-To-Date 6733766.14	
City	State	Zip Code	Category/ Type	
Gaithersburg	MD	20877		
Purpose of Disbursement: Office Supplies Expenses			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 8 / 2 0 0 7	
Activity or Event Identifier: AVD07			Transaction ID: H4-113107	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.44		211.45		422.89

<b>B. Full Name (Last, First, Middle Initial)</b> Friends & Company Staffing			<b>Type of Allocated Activity:</b> <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 6564 Loisdale Court   Suite 1020			Allocated Activity or Event Year-To-Date 6734065.34	
City	State	Zip Code	Category/ Type	
Springfield	VA	22150		
Purpose of Disbursement: Temporary Help			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 8 / 2 0 0 7	
Activity or Event Identifier: AVD07			Transaction ID: H4-113109	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
149.60		149.60		299.20

<b>C. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			<b>Type of Allocated Activity:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 169849.15	
City	State	Zip Code	Category/ Type	
New York	NY	10128		
Purpose of Disbursement: Computer Services			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 8 / 2 0 0 7	
Activity or Event Identifier: PSP07			Transaction ID: H4-113111	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.00		40.00		80.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
401.04		401.05		802.09

**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)**  
Judy Loeb Goldfein

Mailing Address  
50 East 89th Street 6E

City State Zip Code  
New York NY 10128

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
PSP07

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

170049.15

Date 10 / 18 / 2007

Transaction ID: H4-113112

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.00		100.00		200.00

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

Mailing Address  
EMILY's List-TX 2720 Pittsburg Street

City State Zip Code  
Houston TX 77005

Purpose of Disbursement:  
Computer Services

Category/  
Type

Activity or Event Identifier:  
PSP07

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

170146.78

Date 10 / 18 / 2007

Transaction ID: H4-113115

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.81		48.82		97.63

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

Mailing Address  
EMILY's List-TX 2720 Pittsburg Street

City State Zip Code  
Houston TX 77005

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Activity or Event Identifier:  
PSP07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

170191.78

Date 10 / 18 / 2007

Transaction ID: H4-113116

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.50		22.50		45.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
171.31		171.32		342.63

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 EMILY's List-TX 2720 Pittsburg Street			Allocated Activity or Event Year-To-Date 170366.20		
City State Zip Code Houston TX 77005	Category/ Type		Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-113117		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.21		87.21		174.42

<b>B. Full Name (Last, First, Middle Initial)</b> 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 EMILY's List-TX 2720 Pittsburg Street			Allocated Activity or Event Year-To-Date 170446.00		
City State Zip Code Houston TX 77005	Category/ Type		Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-113118		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.90		39.90		79.80

<b>C. Full Name (Last, First, Middle Initial)</b> Printer 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 2137 Defense Hwy Suite 1			Allocated Activity or Event Year-To-Date 6736202.55		
City State Zip Code Crofton MD 21114-2420	Category/ Type		Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Equipment Maintenance			Transaction ID: H4-113125		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1068.60		1068.61		2137.21

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1195.71		1195.72		2391.43

**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)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code  
San Francisco CA 94115

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

6736237.69

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 18 / 2007

Transaction ID: H4-113141

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.57		17.57		35.14

**B. Full Name (Last, First, Middle Initial)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code  
San Francisco CA 94115

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

6736310.69

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 18 / 2007

Transaction ID: H4-113142

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.50		36.50		73.00

**C. Full Name (Last, First, Middle Initial)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code  
San Francisco CA 94115

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

170480.00

Activity or Event Identifier:  
PSP07

Date MM / DD / YYYY  
10 / 18 / 2007

Transaction ID: H4-113143

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.00		17.00		34.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.07		71.07		142.14

**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)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code

San Francisco CA 94115

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

6736332.63

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113144

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="10.97"/>		<input type="text" value="10.97"/>		<input type="text" value="21.94"/>

**B. Full Name (Last, First, Middle Initial)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code

San Francisco CA 94115

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

6736435.51

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113145

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="51.44"/>		<input type="text" value="51.44"/>		<input type="text" value="102.88"/>

**C. Full Name (Last, First, Middle Initial)**  
Janine E Salalac

Mailing Address

30 Quickstep Lane #6

City State Zip Code

San Francisco CA 94115

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

6736449.18

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113146

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.83"/>		<input type="text" value="6.84"/>		<input type="text" value="13.67"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="69.24"/>		<input type="text" value="69.25"/>		<input type="text" value="138.49"/>

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Janine E Salalac			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 30 Quickstep Lane #6			Allocated Activity or Event Year-To-Date 6736488.44		
City San Francisco	State CA	Zip Code 94115	Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113147		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.63		19.63		39.26

<b>B. Full Name (Last, First, Middle Initial)</b> Michelle Stephenson			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 9638 Twin Lakes Avenue			Allocated Activity or Event Year-To-Date 6736551.44		
City Marion	State MI	Zip Code 49665	Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113150		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.50		31.50		63.00

<b>C. Full Name (Last, First, Middle Initial)</b> Thomas House Coffee Service			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 2309 Kansas Ave.			Allocated Activity or Event Year-To-Date 6736659.23		
City Silver Spring	State MD	Zip Code 20910	Date MM / DD / YYYY 10 / 18 / 2007		
Purpose of Disbursement: Office Supplies Expenses			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113151		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.89		53.90		107.79

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.02		105.03		210.05

**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)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City	State	Zip Code
Philadelphia	PA	19170-0001

Purpose of Disbursement:  
Deliveries

Activity or Event Identifier:  
PSP07

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

Allocated Activity or Event Year-To-Date  
170716.57

Date   /   /

Transaction ID: H4-113155

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.28		118.29		236.57

**B. 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:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6742674.88

Date   /   /

Transaction ID: H4-113157

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3007.82		3007.83		6015.65

**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:  
PSP07

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

Allocated Activity or Event Year-To-Date  
170804.51

Date   /   /

Transaction ID: H4-113158

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.97		43.97		87.94

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3170.07		3170.09		6340.16

**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:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6742682.04

Date 10 / 18 / 2007

Transaction ID: H4-113159

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.58		3.58		7.16

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

Mailing Address  
3 Wyndham Drive

City State Zip Code  
Portola Valley CA 94028

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Activity or Event Identifier:  
PSP07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

170879.69

Date 10 / 18 / 2007

Transaction ID: H4-113162

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.59		37.59		75.18

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

Mailing Address  
3 Wyndham Drive

City State Zip Code  
Portola Valley CA 94028

Purpose of Disbursement:  
Telephone

Category/  
Type

Activity or Event Identifier:  
PSP07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

170986.80

Date 10 / 18 / 2007

Transaction ID: H4-113163

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.55		53.56		107.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.72		94.73		189.45

**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:  
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

171021.80

Activity or Event Identifier:  
PSP07

Date 10 / 18 / 2007

Transaction ID: H4-113164

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		17.50		35.00

**B. Full Name (Last, First, Middle Initial)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement:  
Deliveries

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

171270.07

Activity or Event Identifier:  
PSP07

Date 10 / 18 / 2007

Transaction ID: H4-113463

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.14		124.13		248.27

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

Mailing Address  
1644 Florida Ave. N.W.

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

6742842.04

Activity or Event Identifier:  
AVD07

Date 10 / 24 / 2007

Transaction ID: H4-113389

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.00		80.00		160.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
221.64		221.63		443.27

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6752842.04		
City Alexandria	State VA	Zip Code 22312	Category/ Type		
Purpose of Disbursement: Consulting Administration					
Activity or Event Identifier: AVD07			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-113264		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5000.00		5000.00		10000.00

<b>B. Full Name (Last, First, Middle Initial)</b> 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 176270.07		
City Winnetka	State IL	Zip Code 60093	Category/ Type		
Purpose of Disbursement: Consulting Fundraising					
Activity or Event Identifier: PSP07			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-113265		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2500.00		2500.00		5000.00

<b>C. Full Name (Last, First, Middle Initial)</b> ArchivesOne, 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 PO Box 27128			Allocated Activity or Event Year-To-Date 6753030.89		
City New York	State NY	Zip Code 10087-7128	Category/ Type		
Purpose of Disbursement: Rent					
Activity or Event Identifier: AVD07			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/> <b>Transaction ID:</b> H4-113392		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.42		94.43		188.85

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7594.42		7594.43		15188.85

**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)**  
AT&T

Mailing Address  
PO Box 1262

City State Zip Code  
Charlotte NC 28201-1262

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

6753149.81

Activity or Event Identifier:  
AVD07

Date 10 / 25 / 2007

Transaction ID: H4-113393

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.46		59.46		118.92

**B. 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

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

6753328.95

Activity or Event Identifier:  
AVD07

Date 10 / 25 / 2007

Transaction ID: H4-113396

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.57		89.57		179.14

**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

6827010.28

Activity or Event Identifier:  
AVD07

Date 10 / 25 / 2007

Transaction ID: H4-113397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36840.66		36840.67		73681.33

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36989.69		36989.70		73979.39

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6827482.36		
City	State	Zip Code	Category/ Type		
Madison	WI	53703			
Purpose of Disbursement: Travel/Accommodation /Meals			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7		
Activity or Event Identifier: AVD07			Transaction ID: H4-113399		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
236.04		236.04		472.08

<b>B. Full Name (Last, First, Middle Initial)</b> Mary Beth Cahill			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 4800 Dexter Street, NW			Allocated Activity or Event Year-To-Date 6837482.36		
City	State	Zip Code	Category/ Type		
Washington	DC	20007			
Purpose of Disbursement: Strategic Consulting			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7		
Activity or Event Identifier: AVD07			Transaction ID: H4-113400		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5000.00		5000.00		10000.00

<b>C. Full Name (Last, First, Middle Initial)</b> The Feldman Group 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 508-510 8th Street, SE			Allocated Activity or Event Year-To-Date 6877478.36		
City	State	Zip Code	Category/ Type		
Washington	DC	20003			
Purpose of Disbursement: Polling/Surveys			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7		
Activity or Event Identifier: AVD07			Transaction ID: H4-113401		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19998.00		19998.00		39996.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25234.04		25234.04		50468.08

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6877617.17		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
North Scituate	RI	02857	Transaction ID: H4-113405		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.40		69.41		138.81

<b>B. Full Name (Last, First, Middle Initial)</b> Dell Financial Services Payment Processing Center			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 5275			Allocated Activity or Event Year-To-Date 6877786.37		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Carol Stream	IL	60197-5275	Transaction ID: H4-113406		
Purpose of Disbursement: Computer Supplies			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.60		84.60		169.20

<b>C. Full Name (Last, First, Middle Initial)</b> Kellie Dupree			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 1644 Florida Ave. N.W.			Allocated Activity or Event Year-To-Date 6877946.37		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Washington	DC	20009	Transaction ID: H4-113408		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.00		80.00		160.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
234.00		234.01		468.01

**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)**  
Flik International

Mailing Address  
1285 Avenue of the Americas

City	State	Zip Code
New York	NY	10036

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

177016.24

Activity or Event Identifier:  
PSP07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: H4-113409

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
373.08		373.09		746.17

**B. Full Name (Last, First, Middle Initial)**  
Friends & Company Staffing

Mailing Address  
6564 Loisdale Court Suite 1020

City	State	Zip Code
Springfield	VA	22150

Purpose of Disbursement:  
Temporary Help

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

6878295.76

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: H4-113410

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
174.69		174.70		349.39

**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:  
Computer Support

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

6878319.76

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: H4-113411

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.00		12.00		24.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
559.77		559.79		1119.56

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			<b>Type of Allocated Activity:</b> <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 6879519.76	
City New York	State NY	Zip Code 10128	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> H4-113412	
Purpose of Disbursement: Rent				
Activity or Event Identifier: AVD07 See Attached Memo Entry				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
600.00		600.00		1200.00

<b>B. Full Name (Last, First, Middle Initial)</b> JIB Monitoring Center			<b>Type of Allocated Activity:</b> <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 1120 Connecticut Avenue, NW Suite 1200			Allocated Activity or Event Year-To-Date 6879569.76	
City Washington	State DC	Zip Code 20036	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> H4-113415	
Purpose of Disbursement: Building Utilities & Fees				
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

<b>C. Full Name (Last, First, Middle Initial)</b> JIB Monitoring Center			<b>Type of Allocated Activity:</b> <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 1120 Connecticut Avenue, NW Suite 1200			Allocated Activity or Event Year-To-Date 6879806.03	
City Washington	State DC	Zip Code 20036	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> H4-113416	
Purpose of Disbursement: Building Utilities & Fees				
Activity or Event Identifier: AVD07				

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
743.13		743.14		1486.27

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Amie Kershner			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 3114 E. Baltimore			Allocated Activity or Event Year-To-Date 177062.24		
City Baltimore	State MD	Zip Code 21224	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-113418		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.00		23.00		46.00

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6880806.03		
City Miami	State FL	Zip Code 33170	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Rent			Transaction ID: H4-113420		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1000.00

<b>C. Full Name (Last, First, Middle Initial)</b> Gerald 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 P.O. Box 15879			Allocated Activity or Event Year-To-Date 6881806.03		
City Houston	State TX	Zip Code 77220-5879	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Rent			Transaction ID: H4-113422		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1023.00		1023.00		2046.00

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6881831.87		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Washington	DC	20009			
Purpose of Disbursement: Travel/Accommodation /Meals			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113433		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.92		12.92		25.84

<b>B. Full Name (Last, First, Middle Initial)</b> Michelle Stephenson			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 9638 Twin Lakes Avenue			Allocated Activity or Event Year-To-Date 6881972.87		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Marion	MI	49665			
Purpose of Disbursement: Travel/Accommodation /Meals			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-113434		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.50		70.50		141.00

<b>C. Full Name (Last, First, Middle Initial)</b> United Parcel Service			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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 177228.59		
City	State	Zip Code	Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>		
Philadelphia	PA	19170-0001			
Purpose of Disbursement: Deliveries			Category/Type		
Activity or Event Identifier: PSP07			Transaction ID: H4-113437		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.17		83.18		166.35

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.59		166.60		333.19

**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)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement:  
Deliveries

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

177351.07

Activity or Event Identifier:  
PSP07

Date 10 / 25 / 2007

Transaction ID: H4-113440

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.24		61.24		122.48

**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:  
Strategic Consulting

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

6885972.87

Activity or Event Identifier:  
AVD07

Date 10 / 25 / 2007

Transaction ID: H4-113442

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2000.00		2000.00		4000.00

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

Mailing Address  
PO Box 1

City State Zip Code  
Worcester MA 01654

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

6886063.86

Activity or Event Identifier:  
AVD07

Date 10 / 25 / 2007

Transaction ID: H4-113444

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.49		45.50		90.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2106.73		2106.74		4213.47

**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)**  
Verizon Wireless

Mailing Address  
PO Box 25506

City	State	Zip Code
Lehigh Valley	PA	18002-5506

Purpose of Disbursement:  
Telephone

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6886116.53

Date   /   /

Transaction ID: H4-113445

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.33		26.34		52.67

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

Mailing Address  
PO Box 489

City	State	Zip Code
Newark	NJ	07101-0489

Purpose of Disbursement:  
Telephone

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6886364.63

Date   /   /

Transaction ID: H4-113446

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.05		124.05		248.10

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

Mailing Address  
1770 Columbia Rd. NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6888986.47

Date   /   /

Transaction ID: H4-113511

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1310.92		1310.92		2621.84

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1461.30		1461.31		2922.61

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 3730 5th St.                      P.O. Box 1265			Allocated Activity or Event Year-To-Date 6891799.02																		
City	State	Zip Code	Category/ Type																		
North Beach	MD	20714																			
Purpose of Disbursement: Salaries			Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>0</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <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>7</td></tr></table>			M	M	1	0	D	D	3	1	Y	Y	Y	Y	2	0	0	7
M	M																				
1	0																				
D	D																				
3	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Activity or Event Identifier: AVD07			Transaction ID: H4-113512																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1406.27		1406.28		2812.55

<b>B. Full Name (Last, First, Middle Initial)</b> 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, #7			Allocated Activity or Event Year-To-Date 6893540.73																		
City	State	Zip Code	Category/ Type																		
Falls Church	VA	22042																			
Purpose of Disbursement: Salaries			Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>0</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <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>7</td></tr></table>			M	M	1	0	D	D	3	1	Y	Y	Y	Y	2	0	0	7
M	M																				
1	0																				
D	D																				
3	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Activity or Event Identifier: AVD07			Transaction ID: H4-113513																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
870.85		870.86		1741.71

<b>C. Full Name (Last, First, Middle Initial)</b> Kimberly Coleman			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 1765 Swann St, NW #1			Allocated Activity or Event Year-To-Date 6894831.69																		
City	State	Zip Code	Category/ Type																		
Washington	DC	20009																			
Purpose of Disbursement: Salaries			Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>0</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <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>7</td></tr></table>			M	M	1	0	D	D	3	1	Y	Y	Y	Y	2	0	0	7
M	M																				
1	0																				
D	D																				
3	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Activity or Event Identifier: AVD07			Transaction ID: H4-113514																		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
645.48		645.48		1290.96

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2922.60		2922.62		5845.22

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6896966.95		
City Fairfax	State VA	Zip Code 22030	Date MM / DD / YYYY 10 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113515		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1067.63		1067.63		2135.26

<b>B. Full Name (Last, First, Middle Initial)</b> 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 816 Lucky Rd			Allocated Activity or Event Year-To-Date 6899186.47		
City Severn	State MD	Zip Code 21144	Date MM / DD / YYYY 10 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113516		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1109.76		1109.76		2219.52

<b>C. Full Name (Last, First, Middle Initial)</b> Jessica Schultz			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 River Road NW			Allocated Activity or Event Year-To-Date 6900105.60		
City Washington	State DC	Zip Code 20016	Date MM / DD / YYYY 10 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-113517		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
459.56		459.57		919.13

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2636.95		2636.96		5273.91

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6606 Allegheny Ave			Allocated Activity or Event Year-To-Date 6903917.53		
City	State	Zip Code	Category/ Type		
Takoma Park	MD	20912			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113518		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1905.96"/>		<input type="text" value="1905.97"/>		<input type="text" value="3811.93"/>

<b>B. Full Name (Last, First, Middle Initial)</b> 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 6908200.45		
City	State	Zip Code	Category/ Type		
Washington,	DC	20008			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113519		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2141.46"/>		<input type="text" value="2141.46"/>		<input type="text" value="4282.92"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Ellen L Moran			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 8220 Custer Rd			Allocated Activity or Event Year-To-Date 6913411.24		
City	State	Zip Code	Category/ Type		
Bethesda	MD	20817			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113520		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2605.39"/>		<input type="text" value="2605.40"/>		<input type="text" value="5210.79"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6652.81"/>		<input type="text" value="6652.83"/>		<input type="text" value="13305.64"/>

**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
<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)**  
Shannon Abbott

Mailing Address  
2807 Connecticut Ave NW #202

City State Zip Code  
Washington DC 20007

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6913585.98

Date 10 / 31 / 2007

Transaction ID: H4-113521

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.37		87.37		174.74

**B. Full Name (Last, First, Middle Initial)**  
Julie Angelo

Mailing Address  
Federal Hall Room 314

City State Zip Code  
Washington DC 20016

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6913712.96

Date 10 / 31 / 2007

Transaction ID: H4-113522

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.49		63.49		126.98

**C. Full Name (Last, First, Middle Initial)**  
Sandra Bishop

Mailing Address  
2901 16th Street, NW #304

City State Zip Code  
Washington DC 20009

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6916466.87

Date 10 / 31 / 2007

Transaction ID: H4-113523

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1376.95		1376.96		2753.91

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1527.81		1527.82		3055.63

**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)**  
Ha-Hoa Dang

Mailing Address  
2741 Woodley Place

City State Zip Code  
Falls Church VA 22046

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

6917684.05

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113524

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
608.59		608.59		1217.18

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

Mailing Address  
450 Massachusetts Ave NW #318

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

6918072.10

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113525

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
194.02		194.03		388.05

**C. Full Name (Last, First, Middle Initial)**  
Sara Little

Mailing Address  
1500 Massachusetts Ave., NW #727

City State Zip Code  
Washington DC 20005

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

6918949.77

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113526

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
438.83		438.84		877.67

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1241.44		1241.46		2482.90

**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)**  
Kristina Pace

Mailing Address  
4400 Massachusetts Ave, NW

City	State	Zip Code
Washington	DC	20016

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6919062.75

Date   /   /

Transaction ID: H4-113527

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

**B. 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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6920562.75

Date   /   /

Transaction ID: H4-113528

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		750.00		1500.00

**C. Full Name (Last, First, Middle Initial)**  
Tiffany Reed

Mailing Address  
2450 Ontario Rd, NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6922062.75

Date   /   /

Transaction ID: H4-113529

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
750.00		750.00		1500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1556.49		1556.49		3112.98

**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)**  
Kristen Schultz

Mailing Address  
1810 Wyoming Avenue NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6923447.83

Date   /   /      
**Transaction ID:** H4-113530

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
692.54		692.54		1385.08

**B. 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:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6924845.82

Date   /   /      
**Transaction ID:** H4-113531

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
698.99		699.00		1397.99

**C. Full Name (Last, First, Middle Initial)**  
Lindsay Wolff

Mailing Address  
1120 Connecticut Avenue, NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6925598.99

Date   /   /      
**Transaction ID:** H4-113532

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
376.58		376.59		753.17

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1768.11		1768.13		3536.24

**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)**  
Lauren Ebersole

Mailing Address  
17052 Castle Hill Road

City State Zip Code  
Hagerstown MD 21740

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

6925829.86

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113533

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.43		115.44		230.87

**B. Full Name (Last, First, Middle Initial)**  
Andrea E Gottfried

Mailing Address  
414 Wynnerwood Road

City State Zip Code  
Pelham Manor NY 10803

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

6927475.03

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113534

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
822.58		822.59		1645.17

**C. Full Name (Last, First, Middle Initial)**  
Amie Kershner

Mailing Address  
3114 E. Baltimore

City State Zip Code  
Baltimore MD 21224

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

6929855.45

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113535

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1190.21		1190.21		2380.42

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2128.22		2128.24		4256.46

**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)**  
Rochelle Sachs Levin  
**Mailing Address**  
22800 SW 157th Avenue  
**City** Miami **State** FL **Zip Code** 33170  
**Purpose of Disbursement:**  
Salaries  
**Activity or Event Identifier:**  
AVD07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
6934213.10  
**Date** 10 / 31 / 2007  
**Transaction ID:** H4-113536

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2178.82		2178.83		4357.65

**B. Full Name (Last, First, Middle Initial)**  
Anna Lidman  
**Mailing Address**  
37 Brookview Terrace  
**City** Portland **State** ME **Zip Code** 04102  
**Purpose of Disbursement:**  
Salaries  
**Activity or Event Identifier:**  
AVD07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
6936621.01  
**Date** 10 / 31 / 2007  
**Transaction ID:** H4-113537

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1203.95		1203.96		2407.91

**C. Full Name (Last, First, Middle Initial)**  
Judy Loeb Goldfein  
**Mailing Address**  
50 East 89th Street 6E  
**City** New York **State** NY **Zip Code** 10128  
**Purpose of Disbursement:**  
Salaries  
**Activity or Event Identifier:**  
AVD07

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
6940442.78  
**Date** 10 / 31 / 2007  
**Transaction ID:** H4-113538

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1910.88		1910.89		3821.77

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5293.65		5293.68		10587.33

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6941458.48		
City Silver Spring	State MD	Zip Code 20905	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113539		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
507.85		507.85		1015.70

<b>B. Full Name (Last, First, Middle Initial)</b> 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 EMILY's List-TX   2720 Pittsburg Street			Allocated Activity or Event Year-To-Date 6945312.75		
City Houston	State TX	Zip Code 77005	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113540		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1927.13		1927.14		3854.27

<b>C. Full Name (Last, First, Middle Initial)</b> 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 1503 30th Street NW   Apt 1			Allocated Activity or Event Year-To-Date 6946469.66		
City Washington	State DC	Zip Code 20007	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113541		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
578.45		578.46		1156.91

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3013.43		3013.45		6026.88

**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)**  
Perry Sacks

Mailing Address  
4400 Massachusetts Avenue #614

City State Zip Code  
Washington DC 20016

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

6946550.46

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113542

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.40		40.40		80.80

**B. Full Name (Last, First, Middle Initial)**  
Janine Salalac

Mailing Address  
4875 Mattos Drive

City State Zip Code  
Freemont CA 94536

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

6947421.25

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113543

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.39		435.40		870.79

**C. Full Name (Last, First, Middle Initial)**  
Patricia Seitz

Mailing Address  
617 14th Street, N.E

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

6948300.85

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113544

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
439.80		439.80		879.60

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
915.59		915.60		1831.19

**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)**  
Kaiya Waddell

Mailing Address  
7960 Money Rd

City State Zip Code  
Napa CA 94558

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

6949158.99

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113545

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
429.07		429.07		858.14

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

Mailing Address  
1520 12th Street B

City State Zip Code  
Washington DC 20005

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

6950790.53

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113546

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
815.77		815.77		1631.54

**C. 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

6955079.41

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113547

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2144.44		2144.44		4288.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3389.28		3389.28		6778.56

**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 Zellerbach

Mailing Address  
1168 Greenwich St #2

City State Zip Code  
San Francisco CA 94109

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

6957206.82

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113548

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1063.70"/>		<input type="text" value="1063.71"/>		<input type="text" value="2127.41"/>

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

Mailing Address  
1499 Massachusetts Ave NW

City State Zip Code  
Washington DC 20005

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

6957287.62

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113549

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="40.40"/>		<input type="text" value="40.40"/>		<input type="text" value="80.80"/>

**C. Full Name (Last, First, Middle Initial)**  
Jeanne Duncan

Mailing Address  
1633 NE Going Street

City State Zip Code  
Portland OR 97211

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

6960109.45

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113550

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1410.91"/>		<input type="text" value="1410.92"/>		<input type="text" value="2821.83"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2515.01"/>		<input type="text" value="2515.03"/>		<input type="text" value="5030.04"/>

**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)**  
Laura Mann

Mailing Address  
3220 Connecticut Ave, NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6960337.32

Date  /  /   
**Transaction ID:** H4-113551

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.93		113.94		227.87

**B. Full Name (Last, First, Middle Initial)**  
Mary Martin

Mailing Address  
3900 Fairfax Drive Apt 1505

City	State	Zip Code
Arlington	VA	22203

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6960522.02

Date  /  /   
**Transaction ID:** H4-113552

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.35		92.35		184.70

**C. Full Name (Last, First, Middle Initial)**  
Allison Muehlenbeck

Mailing Address  
511 Marina Avenue

City	State	Zip Code
Coronado	CA	92118

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6961408.13

Date  /  /   
**Transaction ID:** H4-113553

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
443.05		443.06		886.11

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
649.33		649.35		1298.68

**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)**  
Ramona Oliver

Mailing Address  
10012 Dallas Avenue

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

6964818.79

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113554

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1705.33		1705.33		3410.66

**B. Full Name (Last, First, Middle Initial)**  
Channing Ansley

Mailing Address  
437 N Street SW

City State Zip Code  
Washington DC 20024

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

6966119.15

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113555

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
650.18		650.18		1300.36

**C. Full Name (Last, First, Middle Initial)**  
Kristen Bartoloni

Mailing Address  
3850 Tunlaww Road Apt 311

City State Zip Code  
Washington DC 20007

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

6966257.67

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113556

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
2424.77		2424.77		4849.54

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 6968691.92	
City                      State                      Zip Code Madison                      WI                      53703	Category/ Type		Date                      M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Purpose of Disbursement: Salaries			Transaction ID: H4-113557	
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1217.12		1217.13		2434.25

<b>B. Full Name (Last, First, Middle Initial)</b> Matthew Burgess			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 3221 Connecticut Ave NW #506			Allocated Activity or Event Year-To-Date 6971035.74	
City                      State                      Zip Code Washington                      DC                      20008	Category/ Type		Date                      M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Purpose of Disbursement: Salaries			Transaction ID: H4-113558	
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1171.91		1171.91		2343.82

<b>C. Full Name (Last, First, Middle Initial)</b> Molly Canty			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 4400 Massachusetts Ave, NW			Allocated Activity or Event Year-To-Date 6971151.18	
City                      State                      Zip Code Washington                      DC                      20016	Category/ Type		Date                      M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Purpose of Disbursement: Salaries			Transaction ID: H4-113559	
Activity or Event Identifier: AVD07				

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
2446.75		2446.76		4893.51

**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)**  
Kate Chapek

Mailing Address  
1435 N St. NW

City State Zip Code  
Washington DC 20007

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6972832.46

Date 10 / 31 / 2007

Transaction ID: H4-113560

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.64		840.64		1681.28

**B. Full Name (Last, First, Middle Initial)**  
Linda Chappetto

Mailing Address  
29 E. Wilson Street Apt 301

City State Zip Code  
Madison WI 53703-3402

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6974508.79

Date 10 / 31 / 2007

Transaction ID: H4-113561

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
838.16		838.17		1676.33

**C. Full Name (Last, First, Middle Initial)**  
Kelsey Coday

Mailing Address  
208B Q St. NW

City State Zip Code  
Washington DC 20001

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6975495.38

Date 10 / 31 / 2007

Transaction ID: H4-113562

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
493.29		493.30		986.59

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2172.09		2172.11		4344.20

**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)**  
Kathleen Coyne-McCoy

Mailing Address  
267 Gleaner Chapel Road

City State Zip Code  
North Scituate RI 02857

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6978294.41

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113563

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1399.51		1399.52		2799.03

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

Mailing Address  
1644 Florida Ave. N.W.

City State Zip Code  
Washington DC 20009

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6979541.99

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113564

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
623.79		623.79		1247.58

**C. Full Name (Last, First, Middle Initial)**  
Peggy Egan Marcy Gallup

Mailing Address  
P.O. Box 6

City State Zip Code  
East Glacier Park MT 59434

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

6982078.60

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113565

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1268.30		1268.31		2536.61

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3291.60		3291.62		6583.22

**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)**  
Emily Elbert

Mailing Address  
1199 Hampton Park Drive

City	State	Zip Code
Richmond Heights	MO	63117

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6984588.07

Date   /   /      
**Transaction ID:** H4-113566

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1254.73		1254.74		2509.47

**B. Full Name (Last, First, Middle Initial)**  
Betty Feng

Mailing Address  
1632 19th Street, NW Apt 2

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement:  
Salaries

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6984771.77

Date   /   /      
**Transaction ID:** H4-113567

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.85		91.85		183.70

**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

Activity or Event Identifier:  
AVD07

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

Allocated Activity or Event Year-To-Date  
6987129.43

Date   /   /      
**Transaction ID:** H4-113568

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1178.83		1178.83		2357.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2525.41		2525.42		5050.83

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Maren Hesla			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 5515 Little Falls Rd.			Allocated Activity or Event Year-To-Date 6991170.26	
City Arlington	State VA	Zip Code 22207	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4-113569	
Purpose of Disbursement: Salaries		Category/ Type		
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2020.41		2020.42		4040.83

<b>B. Full Name (Last, First, Middle Initial)</b> Sarah Hirsch			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 607 23rd Street #404			Allocated Activity or Event Year-To-Date 6991304.82	
City Washington	State DC	Zip Code 20052	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4-113570	
Purpose of Disbursement: Salaries		Category/ Type		
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.28		67.28		134.56

<b>C. Full Name (Last, First, Middle Initial)</b> Dana Jones			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 21766 Cypress Valley Terrace			Allocated Activity or Event Year-To-Date 6993857.12	
City Sterling	State VA	Zip Code 20166	Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4-113571	
Purpose of Disbursement: Salaries		Category/ Type		
Activity or Event Identifier: AVD07				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1276.15		1276.15		2552.30

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3363.84		3363.85		6727.69

**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)**  
Ellen Kennedy

Mailing Address  
2701 Elnora Drive

City State Zip Code  
Silver Spring MD 20902

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

6994073.08

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113572

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.98		107.98		215.96

**B. Full Name (Last, First, Middle Initial)**  
Kari Lundstad-Vogt

Mailing Address  
739 3rd Street, SW

City State Zip Code  
Washington DC 20024

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

6995251.98

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113573

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
589.45		589.45		1178.90

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

Mailing Address  
1402 Emerson Street, NW

City State Zip Code  
Washington DC 20011

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

6997921.19

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113574

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1334.60		1334.61		2669.21

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2032.03		2032.04		4064.07

**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

<b>A. Full Name (Last, First, Middle Initial)</b> David McGonagle			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 4857 Battery Lane   Apt 506			Allocated Activity or Event Year-To-Date 6999694.17		
City	State	Zip Code	Category/ Type		
Bethesda	MD	20814			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113575		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="886.49"/>		<input type="text" value="886.49"/>		<input type="text" value="1772.98"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Jonathan Parker			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 1611 Hobart Street NW			Allocated Activity or Event Year-To-Date 7003004.10		
City	State	Zip Code	Category/ Type		
Washington	DC	20009			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113576		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1654.96"/>		<input type="text" value="1654.97"/>		<input type="text" value="3309.93"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Lynnette Robinson			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 5933 Quantrell Avenue #104			Allocated Activity or Event Year-To-Date 7003942.41		
City	State	Zip Code	Category/ Type		
Alexandria	VA	22312			
Purpose of Disbursement: Salaries			Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-113577		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="469.15"/>		<input type="text" value="469.16"/>		<input type="text" value="938.31"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3010.60"/>		<input type="text" value="3010.62"/>		<input type="text" value="6021.22"/>

**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
<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

<b>A. Full Name (Last, First, Middle Initial)</b> Rene 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 1500 Arlington Blvd #602			Allocated Activity or Event Year-To-Date 7004157.57		
City Arlington	State VA	Zip Code 22209	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113578		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="107.58"/>		<input type="text" value="107.58"/>		<input type="text" value="215.16"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Emily Roth			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 510 21st Street NW #118			Allocated Activity or Event Year-To-Date 7004292.13		
City Washington	State DC	Zip Code 20006	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113579		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="67.28"/>		<input type="text" value="67.28"/>		<input type="text" value="134.56"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Marilyn Rubio			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 404 4th Street NE			Allocated Activity or Event Year-To-Date 7005464.26		
City Washington	State DC	Zip Code 20002	Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-113580		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="586.06"/>		<input type="text" value="586.07"/>		<input type="text" value="1172.13"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="760.92"/>		<input type="text" value="760.93"/>		<input type="text" value="1521.85"/>

**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
<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)**  
Paul Simon

Mailing Address  
4501 Connecticut Avenue NW #22

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

7006879.74

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113581

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
707.74		707.74		1415.48

**B. Full Name (Last, First, Middle Initial)**  
Marissa Smith

Mailing Address  
2350 H Street NW #407

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

7006992.72

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113582

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

**C. Full Name (Last, First, Middle Initial)**  
Patrick Stanton

Mailing Address  
165 Shepard Road

City State Zip Code  
Braintree MA 02184

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

7007994.52

Activity or Event Identifier:  
AVD07

Date 10 / 31 / 2007

Transaction ID: H4-113583

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.90		500.90		1001.80

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1265.13		1265.13		2530.26

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Michelle Stephenson			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 9638 Twin Lakes Avenue			Allocated Activity or Event Year-To-Date 7008929.75																						
City	State	Zip Code	Category/ Type																						
Marion	MI	49665																							
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>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	3	1	/	2	0	0	7																
Activity or Event Identifier: AVD07			Transaction ID: H4-113584																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
467.61		467.62		935.23

<b>B. Full Name (Last, First, Middle Initial)</b> 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 7011192.39																						
City	State	Zip Code	Category/ Type																						
Alexandria	VA	22301																							
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>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	3	1	/	2	0	0	7																
Activity or Event Identifier: AVD07			Transaction ID: H4-113585																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1131.32		1131.32		2262.64

<b>C. Full Name (Last, First, Middle Initial)</b> Simone Ward			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 320 23rd Street S   Apt 302			Allocated Activity or Event Year-To-Date 7013688.27																						
City	State	Zip Code	Category/ Type																						
Arlington	VA	22202																							
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>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y																
1	0	/	3	1	/	2	0	0	7																
Activity or Event Identifier: AVD07			Transaction ID: H4-113586																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1247.94		1247.94		2495.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2846.87		2846.88		5693.75

**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)**  
Lalla Mohib

Mailing Address  
616 E Street N.W. Apt 712

City State Zip Code  
Washington DC 20004

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

7014830.20

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113587

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
570.96		570.97		1141.93

**B. 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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7016319.73

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113588

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
744.76		744.77		1489.53

**C. 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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7018288.19

Activity or Event Identifier:  
AVD07

Date   /   /

Transaction ID: H4-113589

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
984.23		984.23		1968.46

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2299.95		2299.97		4599.92

**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)**  
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:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

7019653.06

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113590

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
682.43		682.44		1364.87

**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:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

7081536.10

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113591

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30941.52		30941.52		61883.04

**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:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

7082515.28

Date MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: H4-113592

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
489.59		489.59		979.18

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32113.54		32113.55		64227.09

**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)**  
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:  
AVD07

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

7082888.21

Date 10 / 31 / 2007

Transaction ID: H4-113594

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
186.46		186.47		372.93

**B. Full Name (Last, First, Middle Initial)**  
Working Girls Cafe

Mailing Address  
100 Spear Street

City State Zip Code  
San Francisco CA 94105

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 10 / 11 / 2007

Transaction ID: H4-112910-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.76		12.76		25.52

**C. Full Name (Last, First, Middle Initial)**  
Akikos Restaurant

Mailing Address  
431 Bush Street

City State Zip Code  
San Francisco CA 94105

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 10 / 11 / 2007

Transaction ID: H4-112910-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.60		9.59		19.19

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
186.46		186.47		372.93

**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)**  
HMS Host

Mailing Address  
Charlotte/Douglas Int'l Air

City State Zip Code  
Charlotte NC 28208

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 10 / 11 / 2007

Transaction ID: H4-112910-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.49		3.48		6.97

**B. Full Name (Last, First, Middle Initial)**  
Bangkok Best

Mailing Address  
301 Kearney Street

City State Zip Code  
San Francisco CA 94108

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 10 / 11 / 2007

Transaction ID: H4-112910-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.75		7.75		15.50

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

Mailing Address  
1 Ferry Bldg # 44

City State Zip Code  
San Francisco CA 94111

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 10 / 11 / 2007

Transaction ID: H4-112910-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.17		10.18		20.35

**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)**  
Rose's Cafe

Mailing Address  
2298 Union Street

City State Zip Code  
San Francisco CA 94123

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 10 / 11 / 2007

Transaction ID: H4-112910-60000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.43		25.43		50.86

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

Mailing Address  
442 Geary St

City State Zip Code  
San Francisco CA 94102

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 10 / 11 / 2007

Transaction ID: H4-112910-70000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.75		1.75		3.50

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

Mailing Address  
217 Kearny Street

City State Zip Code  
San Francisco CA 94108

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 10 / 11 / 2007

Transaction ID: H4-112910-80000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.53		12.54		25.07

**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)**  
Galleria Park Hotel

Mailing Address  
191 Sutter St

City	State	Zip Code
San Francisco	CA	94104

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:** H4-112910-90000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="459.99"/>		<input type="text" value="459.99"/>		<input type="text" value="919.98"/>

**B. Full Name (Last, First, Middle Initial)**  
Peet's Coffee

Mailing Address  
SF International Airport

City	State	Zip Code
San Francisco	CA	94125

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:** H4-112910-100000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.25"/>		<input type="text" value="3.25"/>		<input type="text" value="6.50"/>

**C. Full Name (Last, First, Middle Initial)**  
Willow Creek Grill

Mailing Address  
SF International 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:** H4-112910-110000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1.62"/>		<input type="text" value="1.62"/>		<input type="text" value="3.24"/>

**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)**  
Budget Rent A Car

Mailing Address  
2460 E. Indian Rd

City State Zip Code  
Phoenix AZ 85016

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 11 / 2007

Transaction ID: H4-112911-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.64		113.64		227.28

**B. Full Name (Last, First, Middle Initial)**  
Paradies-Phoenix

Mailing Address  
Phoenix Sky Harbor Int'l Air

City State Zip Code  
Phoenix AZ 85034

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 11 / 2007

Transaction ID: H4-112911-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.83		2.83		5.66

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

Mailing Address  
Washington Nat'l Airport

City State Zip Code  
Washington DC 20001

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 11 / 2007

Transaction ID: H4-112911-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.31		3.32		6.63

**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)**  
Burger King

Mailing Address  
Phoenix Sky Harbor Int'l Air

City	State	Zip Code
Phoenix	AZ	85034

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:** H4-112911-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.13"/>		<input type="text" value="3.13"/>		<input type="text" value="6.26"/>

**B. Full Name (Last, First, Middle Initial)**  
Pottery Barn Kids

Mailing Address  
3250 Van Ness Avenue

City	State	Zip Code
San Francisco	CA	94109

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:** H4-112912-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="25.44"/>		<input type="text" value="25.44"/>		<input type="text" value="50.88"/>

**C. Full Name (Last, First, Middle Initial)**  
Benjy's Restaurant

Mailing Address  
2424 Dunstan Road

City	State	Zip Code
Houston	TX	77005

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:** H4-112912-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="25.70"/>		<input type="text" value="25.71"/>		<input type="text" value="51.41"/>

**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)**  
Staples

Mailing Address  
19th & L Street NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement:  
Printing

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 10 / 11 / 2007

Transaction ID: H4-112913-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.81		28.82		57.63

**B. Full Name (Last, First, Middle Initial)**  
Eat Eli Zbe Inc

Mailing Address  
1064 Madison Avenue

City State Zip Code  
New York NY 10128

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 10 / 11 / 2007

Transaction ID: H4-112914-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.00		8.01		16.01

**C. Full Name (Last, First, Middle Initial)**  
Accademia Di Vino

Mailing Address  
1081 Third Ave.

City State Zip Code  
New York NY 10021

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 10 / 11 / 2007

Transaction ID: H4-112914-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.18		42.18		84.36

**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)**  
Food Emporium

Mailing Address  
1211 Madison Ave

City State Zip Code  
New York NY 10028

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 10 / 11 / 2007

Transaction ID: H4-112915-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.60		24.60		49.20

**B. Full Name (Last, First, Middle Initial)**  
Parking Management

Mailing Address  
1725 DeSales Strret, NW Ste 202

City State Zip Code  
Washington DC 20036

Purpose of Disbursement:  
Parking Fees

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 10 / 11 / 2007

Transaction ID: H4-112916-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.00		35.00		70.00

**C. Full Name (Last, First, Middle Initial)**  
Fed Ex Kinko's

Mailing Address  
50 Monument Square

City State Zip Code  
Portland ME 04101

Purpose of Disbursement:  
Copying/Faxing

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 10 / 11 / 2007

Transaction ID: H4-112919-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.88		0.88		1.76

**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)**  
Fed Ex Kinko's

Mailing Address  
50 Monument Square

City State Zip Code  
Portland ME 04101

Purpose of Disbursement:  
Deliveries

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 10 / 11 / 2007

Transaction ID: H4-112920-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.96		13.97		27.93

**B. Full Name (Last, First, Middle Initial)**  
Papier Gourmet

Mailing Address  
26 Free Street

City State Zip Code  
Portland ME 04101

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 10 / 11 / 2007

Transaction ID: H4-112921-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.33		38.32		76.65

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

Mailing Address  
7000 NE Airport Way #3009

City State Zip Code  
Portland ME 97218

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 10 / 11 / 2007

Transaction ID: H4-112921-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.61		5.62		11.23

**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)**  
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:** H4-112922-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1.96"/>		<input type="text" value="1.96"/>		<input type="text" value="3.92"/>

**B. Full Name (Last, First, Middle Initial)**  
HMS Host

Mailing Address  
1001 Westbrook Street

City	State	Zip Code
Portland	ME	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

Activity or Event Identifier:  
**[MEMO ITEM]**

Date  /  /   
**Transaction ID:** H4-112922-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.05"/>		<input type="text" value="4.06"/>		<input type="text" value="8.11"/>

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

Mailing Address  
60 Mass Ave NW

City	State	Zip Code
Washington	DC	20002

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:** H4-112922-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="16.00"/>		<input type="text" value="16.00"/>		<input type="text" value="32.00"/>

**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"/>	<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)**  
Hilton Washington  
**Mailing Address**  
1919 Connecticut Ave, NW  
**City** Washington **State** DC **Zip Code** 20009  
**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** 10 / 11 / 2007  
**Transaction ID:** H4-112922-40000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
181.60		181.61		363.21

**B. Full Name (Last, First, Middle Initial)**  
CHS  
**Mailing Address**  
P.O. Box 8766  
**City** Baltimore **State** MD **Zip Code** 21240  
**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** 10 / 11 / 2007  
**Transaction ID:** H4-112922-50000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.34		9.33		18.67

**C. Full Name (Last, First, Middle Initial)**  
Starbucks  
**Mailing Address**  
1734 L Street NW  
**City** Washington **State** DC **Zip Code** 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**  
.00

**Activity or Event Identifier:**  
**[MEMO ITEM]**

**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112922-60000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.99		0.99		1.98

**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)**  
Portland Airport  
**Mailing Address**  
1001 Westbrook Street  
**City State Zip Code**  
Portland ME 04102  
**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**  
.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112922-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.00		15.00		30.00

**B. Full Name (Last, First, Middle Initial)**  
OTG USair  
**Mailing Address**  
Laguardia Airport  
**City State Zip Code**  
Flushing NY 11368  
**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**  
.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112922-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.54		35.54		71.08

**C. Full Name (Last, First, Middle Initial)**  
312 Chicago  
**Mailing Address**  
136 North LaSalle  
**City State Zip Code**  
Chicago IL 60602  
**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**  
.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112923-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.45		58.45		116.90

**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)**  
Wolfgang Puck

Mailing Address  
220 E. Chicago Ave.

City	State	Zip Code
Chicago	IL	60611

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 10 / 11 / 2007

Transaction ID: H4-112923-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.00		18.00		36.00

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

Mailing Address  
230 W. Kinzie

City	State	Zip Code
Chicago	IL	60610

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 10 / 11 / 2007

Transaction ID: H4-112923-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.50		24.50		49.00

**C. Full Name (Last, First, Middle Initial)**  
Polo Ralph Lauren

Mailing Address  
115 E. Chicago Ave.

City	State	Zip Code
Chicago	IL	60611

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 10 / 11 / 2007

Transaction ID: H4-112923-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.50		20.50		41.00

**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)**  
AOL

Mailing Address  
8619 Westwood Center

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 10 / 11 / 2007

Transaction ID: H4-112924-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.95		10.95		21.90

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

Mailing Address  
19th & L Street 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

Date 10 / 11 / 2007

Transaction ID: H4-112925-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.12		58.12		116.24

**C. Full Name (Last, First, Middle Initial)**  
Down's Stationers

Mailing Address  
1746 L Street 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

Date 10 / 11 / 2007

Transaction ID: H4-112925-20000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.86		15.87		31.73

**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)**  
Sir Speedy

Mailing Address  
1300 Connecticut Avenue NW

City State Zip Code  
Washington DC 20001

Purpose of Disbursement:  
Printing

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 10 / 11 / 2007

Transaction ID: H4-112930-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
414.92		414.92		829.84

**B. Full Name (Last, First, Middle Initial)**  
The UPS Store

Mailing Address  
18340 Yorba Linda Blvd

City State Zip Code  
Yorba Linda CA 92886

Purpose of Disbursement:  
Deliveries

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 10 / 11 / 2007

Transaction ID: H4-112932-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.03		9.03		18.06

**C. Full Name (Last, First, Middle Initial)**  
Yellow Cab

Mailing Address  
12 Gough St

City State Zip Code  
San Francisco CA 94103

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 10 / 11 / 2007

Transaction ID: H4-112933-10000

**[MEMO ITEM]**

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
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 and Mission

Mailing Address  
123 Mission

City State Zip Code  
San Francisco CA 94102

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 10 / 11 / 2007

Transaction ID: H4-112933-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.00		9.00		18.00

**B.** Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address  
23000 Savi Ranch Pkwy

City State Zip Code  
Yorba Linda CA 92887

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 10 / 11 / 2007

Transaction ID: H4-112934-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.96		2.96		5.92

**C.** Full Name (Last, First, Middle Initial)  
Safeway Store

Mailing Address  
1335 Webster St.

City State Zip Code  
San Francisco CA 94115

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 10 / 11 / 2007

Transaction ID: H4-112935-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.00		45.00		90.00

**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)**  
Hilton Hotels

Mailing Address  
285 East Hospitality Lane

City State Zip Code  
San Bernadino CA 92408

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 10 / 11 / 2007

Transaction ID: H4-112936-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.75		73.76		147.51

**B. Full Name (Last, First, Middle Initial)**  
Chaya Brasserie

Mailing Address  
132 The Embarcadero

City State Zip Code  
San Francisco CA 94105

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 10 / 11 / 2007

Transaction ID: H4-112941-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.50		36.51		73.01

**C. Full Name (Last, First, Middle Initial)**  
Real.com

Mailing Address  
PO Box 91123

City State Zip Code  
Seattle WA 98111

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 10 / 11 / 2007

Transaction ID: H4-112942-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.89		7.89		15.78

**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)**  
American Caribbean

Mailing Address  
3300 NW North River Dr

City State Zip Code  
Miami FL 33142

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 10 / 11 / 2007

Transaction ID: H4-112943-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.73		14.74		29.47

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

Mailing Address  
South Dixie

City State Zip Code  
Coral Gables FL 33146

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 10 / 11 / 2007

Transaction ID: H4-112943-20000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.99		0.99		1.98

**C. Full Name (Last, First, Middle Initial)**  
Capital Grille

Mailing Address  
444 Brickel Avenue

City State Zip Code  
Miami FL 33131

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 10 / 11 / 2007

Transaction ID: H4-112944-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.08		17.08		34.16

**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)**  
VanDyke Hotel  
**Mailing Address**  
846 Lincoln Road  
**City** Miami Beach **State** FL **Zip Code** 33139  
**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**  
\_\_\_\_\_.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112944-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.68		13.68		27.36

**B. Full Name (Last, First, Middle Initial)**  
Marriott  
**Mailing Address**  
3925 Collins Ave  
**City** Miami **State** FL **Zip Code** 33140  
**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**  
\_\_\_\_\_.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112944-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.87		3.87		7.74

**C. Full Name (Last, First, Middle Initial)**  
Carpaccio  
**Mailing Address**  
9700 Collins Ave  
**City** Miami **State** FL **Zip Code** 33154  
**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**  
\_\_\_\_\_.00  
**Date** 10 / 11 / 2007  
**Transaction ID:** H4-112944-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.00		16.00		32.00

**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)**  
USPS

Mailing Address  
6200 Northwest 7th Street

City	State	Zip Code
Miami	FL	20090-2200

Purpose of Disbursement:  
Postage

Type of Allocated 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:** H4-112945-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.92"/>		<input type="text" value="4.93"/>		<input type="text" value="9.85"/>

**B. Full Name (Last, First, Middle Initial)**  
AT&T Mobility

Mailing Address  
PO Box 6463

City	State	Zip Code
Carol Stream	IL	60197-6463

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

Activity or Event Identifier:  
**[MEMO ITEM]**

Date  /  /   
**Transaction ID:** H4-112946-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="81.13"/>		<input type="text" value="81.13"/>		<input type="text" value="162.26"/>

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

Mailing Address  
PO Box 880089

City	State	Zip Code
Boca Raton	FL	33488

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:** H4-112947-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="12.50"/>		<input type="text" value="12.50"/>		<input type="text" value="25.00"/>

**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"/>	<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

Activity or Event Identifier:

Date 10 / 11 / 2007

Transaction ID: H4-112966-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.49		9.49		18.98

**B. 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

Activity or Event Identifier:

Date 10 / 11 / 2007

Transaction ID: H4-112966-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.39		14.39		28.78

**C. Full Name (Last, First, Middle Initial)**  
Road Runner

Mailing Address  
PO Box 172567

City State Zip Code  
Denver CO 80217

Purpose of Disbursement:  
Computer 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 10 / 11 / 2007

Transaction ID: H4-112979-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.47		15.48		30.95

**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

**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)**  
Comcast

Mailing Address  
40 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 10 / 11 / 2007

**[MEMO ITEM]**

Transaction ID: H4-112988-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.00		19.00		38.00

**B. Full Name (Last, First, Middle Initial)**  
Office Depot

Mailing Address  
4016 E. Washington Ave.

City State Zip Code  
Maidson WI 53704

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 10 / 11 / 2007

**[MEMO ITEM]**

Transaction ID: H4-113015-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.99		54.99		109.98

**C. Full Name (Last, First, Middle Initial)**  
Marges Amoco

Mailing Address  
735 E. Washington Ave

City State Zip Code  
Madison WI 53703

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 10 / 11 / 2007

**[MEMO ITEM]**

Transaction ID: H4-113016-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.44		37.44		74.88

**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)**  
Verona Road

Mailing Address  
4501 Verona Rd

City Madison	State WI	Zip Code 53711	Category/ Type
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:** H4-113016-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="19.66"/>		<input type="text" value="19.66"/>		<input type="text" value="39.32"/>

**B. Full Name (Last, First, Middle Initial)**  
Champs Americana

Mailing Address  
5030 S. 74th Street

City Greenfield	State WI	Zip Code 53220	Category/ Type
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:** H4-113016-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.05"/>		<input type="text" value="7.05"/>		<input type="text" value="14.10"/>

**C. Full Name (Last, First, Middle Initial)**  
Caribou Coffee

Mailing Address  
5600 N Bayshore Dr

City Milwaukee	State WI	Zip Code 53217	Category/ Type
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:** H4-113016-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1.91"/>		<input type="text" value="1.90"/>		<input type="text" value="3.81"/>

**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)**  
Starbucks

Mailing Address  
661 State St.

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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:** H4-113016-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.74"/>		<input type="text" value="2.75"/>		<input type="text" value="5.49"/>

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

Mailing Address  
8619 Westwood Center

City Vienna	State VA	Zip Code 22182
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Purpose of Disbursement:  
Internet Services

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:** H4-113017-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.47"/>		<input type="text" value="7.48"/>		<input type="text" value="14.95"/>

**C. Full Name (Last, First, Middle Initial)**  
Radio Shack

Mailing Address  
84 Providence Place

City Providence	State RI	Zip Code 02903
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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:** H4-113018-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.74"/>		<input type="text" value="3.74"/>		<input type="text" value="7.48"/>

**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)**  
Publix

Mailing Address  
9105 S. Dadeland Blvd

City	State	Zip Code
Miami	FL	33156

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:** H4-113018-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="37.62"/>		<input type="text" value="37.63"/>		<input type="text" value="75.25"/>

**B. Full Name (Last, First, Middle Initial)**  
Amazon.com

Mailing Address  
2250 1st Avenue S

City	State	Zip Code
Seattle	WA	98134

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

Date  /  /   
**Transaction ID:** H4-113019-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="9.44"/>		<input type="text" value="9.44"/>		<input type="text" value="18.88"/>

**C. Full Name (Last, First, Middle Initial)**  
US Airways

Mailing Address  
4000 E. Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034

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:** H4-113020-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="172.90"/>		<input type="text" value="172.90"/>		<input type="text" value="345.80"/>

**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)**  
CHS

Mailing Address  
MCO Airport

City	State	Zip Code
Orlando	FL	32827

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:** H4-113020-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.96"/>		<input type="text" value="0.95"/>		<input type="text" value="1.91"/>

**B. Full Name (Last, First, Middle Initial)**  
CJ's Cafe

Mailing Address  
200 Las Olas Blvd

City	State	Zip Code
Fort Lauderdale	FL	33301

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:** H4-113020-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="8.40"/>		<input type="text" value="8.40"/>		<input type="text" value="16.80"/>

**C. Full Name (Last, First, Middle Initial)**  
Ismorada Fish

Mailing Address  
220 Gulf Stream Way

City	State	Zip Code
Dania Beach	FL	33004

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:** H4-113020-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="44.41"/>		<input type="text" value="44.40"/>		<input type="text" value="88.81"/>

**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  
5501 Josh Birmingham Pkwy  
City State Zip Code  
Charlotte NC 28208  
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 10 / 11 / 2007  
**Transaction ID:** H4-113020-50000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.97		19.97		39.94

**B. Full Name (Last, First, Middle Initial)**  
Ft. Lauderdale In'tl Air  
Mailing Address  
400 Terminal Drive  
City State Zip Code  
Ft. Lauderdale FL 33315  
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 10 / 11 / 2007  
**Transaction ID:** H4-113020-60000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.81		2.81		5.62

**C. Full Name (Last, First, Middle Initial)**  
The Parking Company  
Mailing Address  
1960 Post Rd  
City State Zip Code  
Providence RI 02886  
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 10 / 11 / 2007  
**Transaction ID:** H4-113020-70000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.00		65.00		130.00

**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)**  
Sbarro

Mailing Address  
901 Market St # 1200

City State Zip Code  
Philadelphia PA 19107

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 10 / 11 / 2007

Transaction ID: H4-113020-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.54		4.53		9.07

**B. Full Name (Last, First, Middle Initial)**  
The Black Angus

Mailing Address  
290 E Hospitality Ln

City State Zip Code  
San Bernardino CA 92408

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 10 / 11 / 2007

Transaction ID: H4-113020-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.58		18.58		37.16

**C. Full Name (Last, First, Middle Initial)**  
Yamazato Restaurant

Mailing Address  
289 E. Hospitality Lane

City State Zip Code  
San Bernardino CA 92408

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 10 / 11 / 2007

Transaction ID: H4-113020-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.31		20.31		40.62

**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)**  
Expedia

Mailing Address  
13810 SE Eastgate Way

City State Zip Code  
Bellevue WA 98005

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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113020-110000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
269.98		269.97		539.95

**B. Full Name (Last, First, Middle Initial)**  
Exxon Mobil

Mailing Address  
3401 Torrance Blvd

City State Zip Code  
Culver City CA 90503

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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113020-120000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.86		7.87		15.73

**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/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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113020-130000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
294.86		294.86		589.72

**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)**  
Hilton Hotels

Mailing Address  
285 East Hospitality Lane

City State Zip Code  
San Bernardino CA 92408

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 10 / 11 / 2007

Transaction ID: H4-113020-140000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.40		147.40		294.80

**B. Full Name (Last, First, Middle Initial)**  
HMS Host

Mailing Address  
5710 W Manchester Ave

City State Zip Code  
Los Angeles CA 90045

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 10 / 11 / 2007

Transaction ID: H4-113020-150000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.87		3.87		7.74

**C. Full Name (Last, First, Middle Initial)**  
New England Parking

Mailing Address  
1960 Post Rd

City State Zip Code  
Providence RI 02886

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 10 / 11 / 2007

Transaction ID: H4-113020-160000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.00		28.00		56.00

**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)**  
Four Points Sheraton

Mailing Address  
9750 Airport Blvd

City State Zip Code  
Los Angeles CA 90045

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 10 / 11 / 2007

Transaction ID: H4-113020-170000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.80		36.79		73.59

**B. Full Name (Last, First, Middle Initial)**  
HMS Host

Mailing Address  
10 Toler Pl

City State Zip Code  
Newark NJ 07114

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 10 / 11 / 2007

Transaction ID: H4-113020-180000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.34		7.34		14.68

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

Mailing Address  
1400 E Colonial Dr

City State Zip Code  
Orlando FL 32803

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 10 / 11 / 2007

Transaction ID: H4-113020-190000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.91		11.92		23.83

**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)**  
Hess

Mailing Address  
3096 Curry Ford Rd

City State Zip Code  
Orlando FL 32806

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 10 / 11 / 2007

Transaction ID: H4-113020-200000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1.75 + 1.76 = 3.51

**B. Full Name (Last, First, Middle Initial)**  
Orlando In'l Airport

Mailing Address  
191 E Pine St

City State Zip Code  
Orlando FL 32827

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 10 / 11 / 2007

Transaction ID: H4-113020-210000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
3.50 + 3.50 = 7.00

**C. Full Name (Last, First, Middle Initial)**  
Southwest Airlines

Mailing Address  
2702 Love Field Drive

City State Zip Code  
Dallas TX 75235

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 10 / 11 / 2007

Transaction ID: H4-113020-220000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
61.20 + 61.20 = 122.40

**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)**  
Amura

Mailing Address  
7788 Sand Lake Rd

City	State	Zip Code
Orlando	FL	32819

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:** H4-113020-230000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="70.45"/>		<input type="text" value="70.45"/>		<input type="text" value="140.90"/>

**B. Full Name (Last, First, Middle Initial)**  
Block Island Bar

Mailing Address  
120 Dewey Street

City	State	Zip Code
Warwick	RI	02886-2433

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:** H4-113020-240000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.06"/>		<input type="text" value="3.07"/>		<input type="text" value="6.13"/>

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

Mailing Address  
3008 Grand Ave

City	State	Zip Code
Miami	FL	33133

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:** H4-113020-250000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.94"/>		<input type="text" value="2.95"/>		<input type="text" value="5.89"/>

**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)**  
Sun Pass

Mailing Address  
PO Box 880089

City State Zip Code  
Boca Raton FL 33488

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 10 / 11 / 2007

Transaction ID: H4-113020-260000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.50		12.50		25.00

**B. Full Name (Last, First, Middle Initial)**  
Diamond Cab Company

Mailing Address  
620 Ferguson Dr

City State Zip Code  
Orlando FL 32805

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 10 / 11 / 2007

Transaction ID: H4-113021-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

**C. Full Name (Last, First, Middle Initial)**  
Dove Cab Company

Mailing Address  
1810 Edwin St NE

City State Zip Code  
Washington DC 20018

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 10 / 11 / 2007

Transaction ID: H4-113021-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.50		11.50		23.00

**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)**  
Westin

Mailing Address  
3555 South Ocean Drive

City	State	Zip Code
Hollywood	FL	33019

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:** H4-113021-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="473.74"/>		<input type="text" value="473.74"/>		<input type="text" value="947.48"/>

**B. Full Name (Last, First, Middle Initial)**  
Famous Famiglia

Mailing Address  
National Airport

City	State	Zip Code
Washington	DC	20001

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:** H4-113021-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.56"/>		<input type="text" value="4.56"/>		<input type="text" value="9.12"/>

**C. Full Name (Last, First, Middle Initial)**  
JJV Taxi Cab Corp

Mailing Address  
4300 Nw 32nd Ave

City	State	Zip Code
Miami	FL	33142

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:** H4-113021-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="36.86"/>		<input type="text" value="36.87"/>		<input type="text" value="73.73"/>

**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)**  
Expedia

Mailing Address  
13810 SE Eastgate Way

City State Zip Code  
Bellevue WA 98005

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 10 / 11 / 2007

Transaction ID: H4-113023-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
313.35		313.34		626.69

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

Mailing Address  
4000 International Ln Ste 3

City State Zip Code  
Madison WI 53704

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 10 / 11 / 2007

Transaction ID: H4-113023-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.47		6.47		12.94

**C. Full Name (Last, First, Middle Initial)**  
Red Room

Mailing Address  
320 E Colfax Ave

City State Zip Code  
Denver CO 80203

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 10 / 11 / 2007

Transaction ID: H4-113023-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.97		13.97		27.94

**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)**  
Maggianno's

Mailing Address  
500 16th St

City Denver	State CO	Zip Code 80202
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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:** H4-113023-40000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14.88"/>		<input type="text" value="14.87"/>		<input type="text" value="29.75"/>

**B. Full Name (Last, First, Middle Initial)**  
Supper Shuttle

Mailing Address  
4929 Ironton St

City Denver	State CO	Zip Code 80239
----------------	-------------	-------------------

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:** H4-113023-50000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="20.50"/>		<input type="text" value="20.50"/>		<input type="text" value="41.00"/>

**C. Full Name (Last, First, Middle Initial)**  
Adams Mark Hotels

Mailing Address  
1550 Court Place

City Denver	State CO	Zip Code 80202
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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:** H4-113023-60000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="27.22"/>		<input type="text" value="27.23"/>		<input type="text" value="54.45"/>

**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)**  
Louisiana Cafe

Mailing Address  
613 Selby Avenue

City State Zip Code  
St. Paul MN 55102

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 10 / 11 / 2007

Transaction ID: H4-113023-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.33		7.33		14.66

**B. Full Name (Last, First, Middle Initial)**  
Good Earth

Mailing Address  
1901 West Highway

City State Zip Code  
Roseville MN 55113

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 10 / 11 / 2007

Transaction ID: H4-113023-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.46		9.46		18.92

**C. Full Name (Last, First, Middle Initial)**  
City Center Hotel

Mailing Address  
411 Minnesota Street

City State Zip Code  
St. Paul MN 55101

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 10 / 11 / 2007

Transaction ID: H4-113023-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.25		6.25		12.50

**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)**  
Avis Rent A Car

Mailing Address  
411 Minnesota St

City State Zip Code  
St. Paul MN 55101

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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113023-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.26		85.27		170.53

**B. Full Name (Last, First, Middle Initial)**  
HMS Host

Mailing Address  
4300 Glumack Dr

City State Zip Code  
St. Paul MN 55111

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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113023-110000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.34		7.35		14.69

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

Mailing Address  
3904 E Lake St

City State Zip Code  
Minneapolis MN 55406

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 MM / DD / YYYY  
10 / 11 / 2007

Transaction ID: H4-113023-120000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.65		7.65		15.30

**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)**  
Madison Taxi

Mailing Address  
1403 Gilson St

City State Zip Code  
Madison WI 53715

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  /  /

Activity or Event Identifier:  
**[MEMO ITEM]**

Transaction ID: H4-113023-130000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="17.50"/>		<input type="text" value="17.50"/>		<input type="text" value="35.00"/>

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

Mailing Address  
6161 W Century Boulevard

City State Zip Code  
Los Angeles CA 90045

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  /  /

Activity or Event Identifier:  
**[MEMO ITEM]**

Transaction ID: H4-113068-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1000.00"/>		<input type="text" value="1000.00"/>		<input type="text" value="2000.00"/>

**C. Full Name (Last, First, Middle Initial)**  
LXR Buena Vista

Mailing Address  
1900 Buena Vista Drive

City State Zip Code  
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  /  /

Activity or Event Identifier:  
**[MEMO ITEM]**

Transaction ID: H4-113068-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1348.87"/>		<input type="text" value="1348.88"/>		<input type="text" value="2697.75"/>

**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)**  
Just Fresh Bakery

Mailing Address  
919 18th St NW

City State Zip Code  
Washington DC 20006

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 10 / 15 / 2007

Transaction ID: H4-113068-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.46		11.46		22.92

**B. Full Name (Last, First, Middle Initial)**  
Hilton Hotels

Mailing Address  
285 East Hospitality Lane

City State Zip Code  
San Bernadino CA 92408

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 10 / 15 / 2007

Transaction ID: H4-113068-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
966.90		966.90		1933.80

**C. Full Name (Last, First, Middle Initial)**  
19th and L

Mailing Address  
19th and L Street

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 10 / 15 / 2007

Transaction ID: H4-113069-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.10		8.10		16.20

**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)**  
W Millar & Co

Mailing Address  
1335 14th St NW

City State Zip Code  
Washington DC 20005

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 10 / 15 / 2007

Transaction ID: H4-113069-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
671.46		671.46		1342.92

**B. 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

Type of Allocated 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 10 / 15 / 2007

Transaction ID: H4-113070-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
666.22		666.23		1332.45

**C. Full Name (Last, First, Middle Initial)**  
Swank Audio Visual

Mailing Address  
2720 Walnut Pl

City State Zip Code  
St. Louis MO 63103

Purpose of Disbursement:  
Equipment Rental

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 10 / 15 / 2007

Transaction ID: H4-113071-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
497.48		497.48		994.96

**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

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 10 / 15 / 2007

Transaction ID: H4-113072-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.97		4.98		9.95

**B. Full Name (Last, First, Middle Initial)**  
Cox Communications

Mailing Address  
PO BOX 39

City State Zip Code  
Newark NJ 07101-0039

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 10 / 15 / 2007

Transaction ID: H4-113072-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.50		18.49		36.99

**C. Full Name (Last, First, Middle Initial)**  
Action Envelope

Mailing Address  
1172 Route 109

City State Zip Code  
Lindenhurst NY 11757

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 10 / 15 / 2007

Transaction ID: H4-113073-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.12		227.13		454.25

**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)**  
Staples

Mailing Address  
19th & L Street 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

Activity or Event Identifier:  
**[MEMO ITEM]**

Date  /  /   
Transaction ID: H4-113073-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="49.52"/>		<input type="text" value="49.51"/>		<input type="text" value="99.03"/>

**B. Full Name (Last, First, Middle Initial)**  
Sir Speedy

Mailing Address  
1025 17th Street, NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement:  
Printing

Type of Allocated 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: H4-113074-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="389.88"/>		<input type="text" value="389.89"/>		<input type="text" value="779.77"/>

**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:  
Publication & Dues

Type of Allocated 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: H4-113075-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="37.50"/>		<input type="text" value="37.50"/>		<input type="text" value="75.00"/>

**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"/>	<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)**  
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 10 / 15 / 2007

Transaction ID: H4-113076-10000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
117.30 + 117.30 = 234.60

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

Mailing Address  
PO Box 790406

City State Zip Code  
St. Louis MO 63179-0406

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 10 / 15 / 2007

Transaction ID: H4-113077-10000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
2671.31 + 2671.31 = 5342.62

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

Mailing Address  
648 Grassmere Park

City State Zip Code  
Nashville TN 37211

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 10 / 15 / 2007

Transaction ID: H4-113077-20000

**[MEMO ITEM]**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
25.00 + 25.00 = 50.00

**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)**  
Expedia

Mailing Address  
13810 SE Eastgate Way

City State Zip Code  
Bellevue WA 98005

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 10 / 15 / 2007

Transaction ID: H4-113078-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.50		37.50		75.00

**B. Full Name (Last, First, Middle Initial)**  
LXR Buena Vista

Mailing Address  
1900 Buena Vista Drive

City State Zip Code  
Buena Vista FL 32830

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 10 / 15 / 2007

Transaction ID: H4-113078-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1500.00		1500.00		3000.00

**C. Full Name (Last, First, Middle Initial)**  
Northwest Airlines

Mailing Address  
7500 Airline Drive

City State Zip Code  
Minneapolis MN 55450

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 10 / 15 / 2007

Transaction ID: H4-113078-30000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
497.50		497.51		995.01

**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)**  
Amtrak  
Mailing Address  
60 Mass Ave NW  
City State Zip Code  
Washington DC 20002  
Purpose of Disbursement:  
Travel/Accommodation /Meals  
Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 15 / 2007  
**Transaction ID:** H4-113078-40000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.00		48.00		96.00

**B. Full Name (Last, First, Middle Initial)**  
US Airways  
Mailing Address  
4000 E. Sky Harbor Blvd  
City State Zip Code  
Phoenix AZ 85034  
Purpose of Disbursement:  
Travel/Accommodation /Meals  
Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 15 / 2007  
**Transaction ID:** H4-113078-50000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
217.50		217.50		435.00

**C. 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/Accommodation /Meals  
Activity or Event Identifier:  
**[MEMO ITEM]**

Type of Allocated 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 10 / 15 / 2007  
**Transaction ID:** H4-113078-60000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
447.25		447.25		894.50

**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)**  
Orbitz

Mailing Address  
200 S Wacker Drive

City	State	Zip Code
Chicago	IL	60606

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:** H4-113078-70000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="22.48"/>		<input type="text" value="22.49"/>		<input type="text" value="44.97"/>

**B. Full Name (Last, First, Middle Initial)**  
Hilton Hotels

Mailing Address  
285 East Hospitality Lane

City	State	Zip Code
San Bernadino	CA	92408

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:** H4-113078-80000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1042.42"/>		<input type="text" value="1042.41"/>		<input type="text" value="2084.83"/>

**C. Full Name (Last, First, Middle Initial)**  
Midwest Airlines

Mailing Address  
6744 South Howell Avenue

City	State	Zip Code
Oak Creek	WI	53154

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:** H4-113078-90000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="179.15"/>		<input type="text" value="179.15"/>		<input type="text" value="358.30"/>

**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)**  
Hotels.com

Mailing Address  
8140 Walnut Hill Lane

City State Zip Code  
Dallas TX 75231

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:** H4-113079-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="904.84"/>		<input type="text" value="904.84"/>		<input type="text" value="1809.68"/>

**B. 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/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:** H4-113079-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="355.20"/>		<input type="text" value="355.20"/>		<input type="text" value="710.40"/>

**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/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:** H4-113080-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="10.00"/>		<input type="text" value="10.00"/>		<input type="text" value="20.00"/>

**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"/>	<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)**  
American Airlines

Mailing Address  
PO Box 619612

City State Zip Code  
DFW Airport TX 75261

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 10 / 15 / 2007

Transaction ID: H4-113080-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
208.80		208.80		417.60

**B. Full Name (Last, First, Middle Initial)**  
AirTran Airways

Mailing Address  
PO Box 51609

City State Zip Code  
Indianapolis IN 46251

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 10 / 15 / 2007

Transaction ID: H4-113081-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
183.65		183.65		367.30

**C. Full Name (Last, First, Middle Initial)**  
Jet Blue

Mailing Address  
PO Box 17435

City State Zip Code  
Salt Lake City UT 84117

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 10 / 15 / 2007

Transaction ID: H4-113081-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.65		78.65		157.30

**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 Airways

Mailing Address  
4000 E. Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034

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:** H4-113081-30000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="338.95"/>		<input type="text" value="338.95"/>		<input type="text" value="677.90"/>

**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/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:** H4-113081-40000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.50"/>		<input type="text" value="2.49"/>		<input type="text" value="4.99"/>

**C. Full Name (Last, First, Middle Initial)**  
Continental Airlines

Mailing Address  
1600 Smith Street

City	State	Zip Code
Houston	TX	77002

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:** H4-113081-50000

Activity or Event Identifier:  
**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="85.90"/>		<input type="text" value="85.90"/>		<input type="text" value="171.80"/>

**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" 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)**  
American Airlines

Mailing Address  
PO Box 619612

City	State	Zip Code
DFW Airport	TX	75261

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:** H4-113081-60000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="174.60"/>		<input type="text" value="174.60"/>		<input type="text" value="349.20"/>

**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/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:** H4-113081-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="67.70"/>		<input type="text" value="67.70"/>		<input type="text" value="135.40"/>

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

Mailing Address  
120-F Woodland Ave

City	State	Zip Code
Reno	NV	89523

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:** H4-113081-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="184.82"/>		<input type="text" value="184.83"/>		<input type="text" value="369.65"/>

**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)**  
United Airlines

Mailing Address  
PO Box 66100

City	State	Zip Code
Chicago	IL	60666

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:** H4-113081-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="64.39"/>		<input type="text" value="64.40"/>		<input type="text" value="128.79"/>

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

Mailing Address  
40 West Leeds Ave

City	State	Zip Code
Pleasantville	NJ	08232

Purpose of Disbursement:  
Internet Services

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:** H4-113100-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="22.97"/>		<input type="text" value="22.98"/>		<input type="text" value="45.95"/>

**C. Full Name (Last, First, Middle Initial)**  
Time Warner

Mailing Address  
One Time Warner Center

City	State	Zip Code
New York	NY	10019

Purpose of Disbursement:  
Computer Services

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:** H4-113111-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="40.00"/>		<input type="text" value="40.00"/>		<input type="text" value="80.00"/>

**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"/>	<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)**  
Verizon Wireless

Mailing Address  
PO Box 17464

City State Zip Code  
Baltimore MD 21297-1464

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 10 / 18 / 2007

Transaction ID: H4-113112-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.00		100.00		200.00

**B. Full Name (Last, First, Middle Initial)**  
Lauralie Francis-Bedminster

Mailing Address  
13603 Greywood

City State Zip Code  
Sugarland TX 77478

Purpose of Disbursement:  
Computer 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 10 / 18 / 2007

Transaction ID: H4-113115-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.81		48.82		97.63

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

Mailing Address  
P. O. Box 105271

City State Zip Code  
Atlanta GA 30348-5271

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 10 / 18 / 2007

Transaction ID: H4-113117-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.00		40.00		80.00

**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)**  
Time Warner  
**Mailing Address**  
One Time Warner Center  
**City** New York **State** NY **Zip Code** 10019  
**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

**Activity or Event Identifier:**  
**[MEMO ITEM]**

**Date** 10 / 18 / 2007  
**Transaction ID:** H4-113117-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.21		27.21		54.42

**B. Full Name (Last, First, Middle Initial)**  
Verizon Wireless  
**Mailing Address**  
PO Box 17464  
**City** Baltimore **State** MD **Zip Code** 21297-1464  
**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

**Activity or Event Identifier:**  
**[MEMO ITEM]**

**Date** 10 / 18 / 2007  
**Transaction ID:** H4-113117-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.00		20.00		40.00

**C. Full Name (Last, First, Middle Initial)**  
AT&T  
**Mailing Address**  
Payment Center  
**City** Sacramento **State** CA **Zip Code** 95887-0001  
**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

**Activity or Event Identifier:**  
**[MEMO ITEM]**

**Date** 10 / 18 / 2007  
**Transaction ID:** H4-113163-10000

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)**  
Verizon Wireless

Mailing Address  
PO Box 17464

City	State	Zip Code
Baltimore	MD	21297-1464

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

Activity or Event Identifier:  
**[MEMO ITEM]**

Date  /  /   
**Transaction ID:** H4-113163-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="43.55"/>		<input type="text" value="43.56"/>		<input type="text" value="87.11"/>

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

Mailing Address  
50 East 89th St 6E

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement:  
Rent

Type of Allocated 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:** H4-113412-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="600.00"/>		<input type="text" value="600.00"/>		<input type="text" value="1200.00"/>

**C. Full Name (Last, First, Middle Initial)**  
Rochelle Levin Sachs

Mailing Address  
22800 SW 157th Avenue

City	State	Zip Code
Miami	FL	33170

Purpose of Disbursement:  
Rent

Type of Allocated 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:** H4-113420-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="500.00"/>		<input type="text" value="500.00"/>		<input type="text" value="1000.00"/>

**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"/>	<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)  
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 10 / 25 / 2007

Transaction ID: H4-113422-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1000.00

**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
339816.10	339817.58	679633.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B-113658	
Mailing Address 1501 Pennsylvania Ave. NW		Date of Disbursement 10 / 01 / 2007	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 411.79
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113384	
Mailing Address P.O. Box 0001		Date of Disbursement 10 / 01 / 2007	
City Chicago	State IL	Zip Code 60679	Amount of Each Disbursement this Period 4.50
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>C. Bank of America</b>		<b>Transaction ID:</b> SB21B-113383	
Mailing Address 1501 Pennsylvania Ave. NW		Date of Disbursement 10 / 01 / 2007	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 4445.59
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:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**4861.88**

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

# SCHEDULE 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 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Yolanda Covington</b> Full Name (Last, First, Middle Initial) Mailing Address 459 Massachusetts Ave, NW 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) ▼		<b>Transaction ID: SB21B-112742</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 64.50 Category/Type
--	--	--

<b>B. Mary K Phillips</b> Full Name (Last, First, Middle Initial) Mailing Address 459 Massachusetts Ave NW 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) ▼		<b>Transaction ID: SB21B-112743</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 64.50 Category/Type
---	--	--

<b>C. Yolanda Covington</b> Full Name (Last, First, Middle Initial) Mailing Address 459 Massachusetts Ave, NW 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) ▼		<b>Transaction ID: SB21B-112836</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 56.00 Category/Type
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	185.00
<b>TOTAL</b> 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) <b>A. Judith Delaney</b>		<b>Transaction ID: SB21B-112837</b> Date of Disbursement 10 / 03 / 2007	
Mailing Address 459 Massachusettes Ave NW		Amount of Each Disbursement this Period 81.50	
City Washington State DC Zip Code 20001	Purpose of Disbursement Temporary Help	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Katherine Hemmer</b>		<b>Transaction ID: SB21B-112838</b> Date of Disbursement 10 / 03 / 2007	
Mailing Address 1750 S St NW		Amount of Each Disbursement this Period 81.50	
City Washington State DC Zip Code 20009	Purpose of Disbursement Temporary Help	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rochelle Hill</b>		<b>Transaction ID: SB21B-112839</b> Date of Disbursement 10 / 03 / 2007	
Mailing Address 15190 Brickwood Dr #103		Amount of Each Disbursement this Period 81.50	
City Woodbridge State VA Zip Code 22193-5595	Purpose of Disbursement Temporary Help	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	244.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	81.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mary K Phillips</b>		<b>Transaction ID:</b> SB21B-112840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 459 Massachusetts Ave NW		Amount of Each Disbursement this Period 81.50
City Washington State DC Zip Code 20001	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Arizona House of Rep</b>		<b>Transaction ID:</b> SB21B-112848 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1700 W Washington Suite H		Amount of Each Disbursement this Period 6.50
City Phoenix State AZ Zip Code 85007	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. CELCO</b>		<b>Transaction ID:</b> SB21B-112852 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 9663-C Main Street		Amount of Each Disbursement this Period 6260.30
City Fairfax State VA Zip Code 22032	Category/ Type	
Purpose of Disbursement List Rental		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6348.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. The Dover Group</b>		<b>Transaction ID:</b> SB21B-113461 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 624 East Broadway		Amount of Each Disbursement this Period 4801.24
City Boston State MA Zip Code 02127	Purpose of Disbursement Strategic Consulting 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>B. Karick &amp; Associates</b>		<b>Transaction ID:</b> SB21B-112858 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 5102 Wood Duck Lane		Amount of Each Disbursement this Period 125.00
City Richmond State IL Zip Code 60071	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Faith B. Kerr</b>		<b>Transaction ID:</b> SB21B-112859 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 44 Summit Street		Amount of Each Disbursement this Period 28.00
City Ivoryton State CT Zip Code 06442	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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4954.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. OMP Direct</b>		<b>Transaction ID:</b> SB21B-112861
Mailing Address 1726 M Street, NW Suite 300		Date of Disbursement 10 / 03 / 2007
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Copy Writer	Amount of Each Disbursement this Period 2500.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OMP Direct</b>		<b>Transaction ID:</b> SB21B-112862
Mailing Address 1726 M Street, NW Suite 300		Date of Disbursement 10 / 03 / 2007
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Copy Writer	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112865
Mailing Address 1953 Gallows Road Suite 600		Date of Disbursement 10 / 03 / 2007
City Vienna	State VA	Zip Code 22182
Purpose of Disbursement Deliveries	Amount of Each Disbursement this Period 413.47	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3913.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112866 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 890.00
City Vienna State VA Zip Code 22182	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112869 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1729.01
City Vienna State VA Zip Code 22182	Purpose of Disbursement Printing 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>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112870 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 245.07
City Vienna State VA Zip Code 22182	Purpose of Disbursement Postage 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2864.08
<b>TOTAL</b> 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)

PAGE 193 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112871 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 31205.74
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) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112872 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 539.63
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>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112873 <b>Date of Disbursement</b> 10 / 03 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 11237.74
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	42983.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1000.00
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 14181.56
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 152.49
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15334.05
<b>TOTAL</b> 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 195 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 45041.13
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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1968.02
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>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1099.50
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	48108.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Red Top Cab</b>		<b>Transaction ID:</b> SB21B-112879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 100519		Amount of Each Disbursement this Period 48.50
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) <b>B. Sheads &amp; Associates, Ltd.</b>		<b>Transaction ID:</b> SB21B-112880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Prince William Square 303 Post Office Rd. Bldg A		Amount of Each Disbursement this Period 202.42
City Waldorf State MD Zip Code 20602	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Sheads &amp; Associates, Ltd.</b>		<b>Transaction ID:</b> SB21B-112881 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Prince William Square 303 Post Office Rd. Bldg A		Amount of Each Disbursement this Period 259.72
City Waldorf State MD Zip Code 20602	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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	510.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Sheads &amp; Associates, Ltd.</b>		<b>Transaction ID: SB21B-112882</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Prince William Square 303 Post Office Rd. Bldg A		Amount of Each Disbursement this Period 370.14
City Waldorf State MD Zip Code 20602	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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID: SB21B-112883</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 275.00
City Centreville State MD Zip Code 21617	Purpose of Disbursement Design/Graphics 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>C. Triplex Direct Marketing</b>		<b>Transaction ID: SB21B-112884</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 6094.58
City Omaha State NE Zip Code 68103-0603	Purpose of Disbursement Data Management 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6739.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-112885	
Mailing Address PO Box 3603		Date of Disbursement 10 / 03 / 2007	
City Omaha	State NE	Zip Code 68103-0603	Amount of Each Disbursement this Period 134.48
Purpose of Disbursement List Rental	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>B. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-112886	
Mailing Address PO Box 3603		Date of Disbursement 10 / 03 / 2007	
City Omaha	State NE	Zip Code 68103-0603	Amount of Each Disbursement this Period 133.03
Purpose of Disbursement List Rental	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>C. Type-A-Scan, Inc.</b>		<b>Transaction ID:</b> SB21B-112887	
Mailing Address 39 West 19th Street 7th Floor		Date of Disbursement 10 / 03 / 2007	
City New York	State NY	Zip Code 10011	Amount of Each Disbursement this Period 187.55
Purpose of Disbursement Data Management	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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>455.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-112890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 256.02
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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-112893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 258.66
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>C. GSI - Gordon &amp; Schwenkmeyer</b>		<b>Transaction ID:</b> SB21B-113391 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 300 N Sepulveda Blvd #2050		Amount of Each Disbursement this Period 35.00
City El Segundo State CA Zip Code 90245		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	549.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 1218.74
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>B. Paychex</b>		<b>Transaction ID:</b> SB21B-113388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 3060 Williams Drive #300		Amount of Each Disbursement this Period 233.76
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

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-112917 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 90.44
City Chicago State IL Zip Code 60679-0001	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1542.94
<b>TOTAL</b> 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 201 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 69.25
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-112926 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 90.00
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-112927 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 110.00
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	269.25
<b>TOTAL</b> 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 202 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 390.84
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) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-112929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 15790.68
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-112931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1801.75
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17983.27
<b>TOTAL</b> 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 203 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB21B-112937	
Mailing Address PO Box 360001		Date of Disbursement 10 / 11 / 2007	
City Ft Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 8.11
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	See Attached Memo Entry
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B-112938	
Mailing Address Suite 0001		Date of Disbursement 10 / 11 / 2007	
City Chicago	State IL	Zip Code 60679-0001	Amount of Each Disbursement this Period 430.80
Purpose of Disbursement Office Supplies Expenses		Category/ Type	See Attached Memo Entry
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB21B-112939	
Mailing Address Suite 0001		Date of Disbursement 10 / 11 / 2007	
City Chicago	State IL	Zip Code 60679-0001	Amount of Each Disbursement this Period 51.20
Purpose of Disbursement Publication & Dues		Category/ Type	See Attached Memo Entry
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>490.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 204 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB21B-112940 Date of Disbursement																					
Mailing Address Suite 0001		<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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
City Chicago	State IL	Zip Code 60679-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	1012.77																				
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) ▼		See Attached Memo Entry																				
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B-112948 Date of Disbursement																					
Mailing Address PO Box 360001		<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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
City Ft Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	222.80																				
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) ▼		See Attached Memo Entry																				
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB21B-112949 Date of Disbursement																					
Mailing Address PO Box 360001		<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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
City Ft Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	122.02																				
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) ▼		See Attached Memo Entry																				
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1357.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112950 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 62.50
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-112951 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2211.33
City Ft. Lauderdale State FL Zip Code 33336-0001	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>C. American Express</b>		<b>Transaction ID:</b> SB21B-112952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 15.98
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2289.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 28.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-112954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 502.55
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-112955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 151.14
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	681.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112956 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 742.01
City Ft Lauderdale State FL Zip Code 33336-0001	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>B. American Express</b>		<b>Transaction ID:</b> SB21B-112957 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 104.58
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-112958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 296.04
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1142.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 43.53
City Ft Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Publication & Dues 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>B. American Express</b>		<b>Transaction ID:</b> SB21B-112960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 61.54
City Ft Lauderdale State FL Zip Code 33336-0001	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) ▼	See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-112961 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2436.99
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2542.06
<b>TOTAL</b> 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 209 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 296.31
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-112964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 727.64
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-112965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2.95
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1026.90
<b>TOTAL</b> 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 210 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-112967 Date of Disbursement
Mailing Address PO Box 360001		<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Ft Lauderdale	State FL	Zip Code 33336-0001
Purpose of Disbursement Travel/Accommodation /Meals	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1326.49"/>
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) ▼	See Attached Memo Entry
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CustomScoop</b>		<b>Transaction ID:</b> SB21B-112970 Date of Disbursement
Mailing Address PO Box 609		<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement Publication & Dues	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="750.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dewey Square Group LLC</b>		<b>Transaction ID:</b> SB21B-112974 Date of Disbursement
Mailing Address 1001 G Street NW Suite 400 East		<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Strategic Consulting	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12076.49"/>
<b>TOTAL</b> 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)

PAGE 211 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Dewey Square Group LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 1001 G Street NW Suite 400 East City Washington State DC Zip Code 20001 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) ▼		<b>Transaction ID: SB21B-112975</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 3.80 Category/Type
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<b>B. Emily Elbert</b> Full Name (Last, First, Middle Initial) Mailing Address 1199 Hampton Park Drive City Richmond Heights 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) ▼		<b>Transaction ID: SB21B-112976</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 63.00 Category/Type
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<b>C. Ikon Office Solutions</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 827468 City Philadelphia State PA Zip Code 19182-7468 Purpose of Disbursement Copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-112983</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 13.36 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	80.16
<b>TOTAL</b> 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 212 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Interstate Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 30091</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement Deliveries</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><b>Transaction ID:</b> SB21B-112985</p> <p><b>Date of Disbursement:</b> 10 / 11 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b> 33.60</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Interstate Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 30091</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement Deliveries</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><b>Transaction ID:</b> SB21B-112986</p> <p><b>Date of Disbursement:</b> 10 / 11 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b> 33.60</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Interstate Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 30091</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement Deliveries</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><b>Transaction ID:</b> SB21B-112987</p> <p><b>Date of Disbursement:</b> 10 / 11 / 2007</p> <p><b>Amount of Each Disbursement this Period:</b> 33.60</p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><b>100.80</b></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)

PAGE 213 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Allison Muehlenbeck</b> Full Name (Last, First, Middle Initial) Mailing Address 511 Marina Avenue City Coronado State CA Zip Code 92118 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-112993</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 53.67 Category/Type
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<b>B. Ramona Oliver</b> Full Name (Last, First, Middle Initial) Mailing Address 10012 Dallas Avenue City Silver Spring State MD Zip Code 20901 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-112994</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 55.52 See Attached Memo Entry Category/Type
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<b>C. Production Solutions, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 1953 Gallows Road Suite 600 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) ▼		<b>Transaction ID: SB21B-112997</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 2768.42 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2877.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 214 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Voter Activation Network LLC</b>		<b>Transaction ID:</b> SB21B-113004 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 54 Regent Street		Amount of Each Disbursement this Period 1500.00
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement Publication & Dues		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Visual Sciences, Inc.</b>		<b>Transaction ID:</b> SB21B-113005 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Dept. 892232 P.O. Box 122232		Amount of Each Disbursement this Period 4961.50
City Dallas	State TX Zip Code 75312-2232	
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) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-113013 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 55.98
City Ft Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Office Supplies Expense		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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6517.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 88.85
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 64.60
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>C. Paychex</b>		<b>Transaction ID:</b> SB21B-113660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 3060 Williams Drive #300		Amount of Each Disbursement this Period 61.00
City Fairfax State VA Zip Code 22031	See Attached Memo Entry	
Purpose of Disbursement Payroll Service 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	214.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 216 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B-113659 Date of Disbursement
Mailing Address 1501 Pennsylvania Ave. NW		<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Bank Charges		Amount of Each Disbursement this Period <input type="text" value="1435.07"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-113082 Date of Disbursement
Mailing Address PO Box 360001		<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Ft Lauderdale	State FL	Zip Code 33336-0001
Purpose of Disbursement Computer Services		Amount of Each Disbursement this Period <input type="text" value="3741.54"/>
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) ▼	See Attached Memo Entry
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-113083 Date of Disbursement
Mailing Address PO Box 360001		<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Ft Lauderdale	State FL	Zip Code 33336-0001
Purpose of Disbursement Office Supplies Expenses		Amount of Each Disbursement this Period <input type="text" value="173.19"/>
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) ▼	See Attached Memo Entry
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5349.80"/>
<b>TOTAL</b> 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)

PAGE 217 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113084 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 50.00
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Employee Recruitment		See Attached Memo Entry
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 151.47
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Internet Services		See Attached Memo Entry
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-113086 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 202.31
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Office Supplies Expenses		See Attached Memo Entry
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	403.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 218 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113087 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 11753.24
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Travel/Publications Dues		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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 6632.48
City Ft Lauderdale State FL Zip Code 33336-0001	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>C. American Express</b>		<b>Transaction ID:</b> SB21B-113089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 386.80
City Ft Lauderdale State FL Zip Code 33336-0001	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18772.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 78.80
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1106.63
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>C. American Express</b>		<b>Transaction ID:</b> SB21B-113092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 35.56
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Internet 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1220.99
<b>TOTAL</b> 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 220 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-113093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 274.65
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-113094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 670.18
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>C. Beaconfire Consulting Inc.</b>		<b>Transaction ID:</b> SB21B-113099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 2300 Clarendon Blvd Suite 1100		Amount of Each Disbursement this Period 385.00
City Arlington State VA Zip Code 22201	See Attached Memo Entry	
Purpose of Disbursement Internet 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1329.83</b>
<b>TOTAL</b> 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 221 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Diverse Office Solutions</b>		<b>Transaction ID:</b> SB21B-113108 Date of Disbursement
Mailing Address 9228 Gaither Road		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Gaithersburg	State MD	Zip Code 20877
Purpose of Disbursement Office Supplies Expenses	<input type="text" value="104.03"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Getactive Software, Inc. Convio, Inc.</b>		<b>Transaction ID:</b> SB21B-113110 Date of Disbursement
Mailing Address 11400 Burnet Rd Bldg 5 Ste 200		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Austin	State TX	Zip Code 78758
Purpose of Disbursement Internet Services	<input type="text" value="3000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Grossman Marketing Group</b>		<b>Transaction ID:</b> SB21B-113113 Date of Disbursement
Mailing Address 30 Cobble Hill Rd		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Somerville	State MA	Zip Code 02143
Purpose of Disbursement Direct Mail Expense	<input type="text" value="6035.28"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9139.31"/>
<b>TOTAL</b> 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)

PAGE 222 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Faith B. Kerr</b>		Transaction ID: SB21B-113114 Date of Disbursement 10 / 18 / 2007	
Mailing Address 44 Summit Street		Amount of Each Disbursement this Period 70.00	
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>B. Pacific East</b>		Transaction ID: SB21B-113119 Date of Disbursement 10 / 18 / 2007	
Mailing Address PO Box 439		Amount of Each Disbursement this Period 449.13	
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>C. Pacific East</b>		Transaction ID: SB21B-113120 Date of Disbursement 10 / 18 / 2007	
Mailing Address PO Box 439		Amount of Each Disbursement this Period 31.26	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	550.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 223 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Pacific East</b>		<b>Transaction ID:</b> SB21B-113121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address PO Box 439		Amount of Each Disbursement this Period 92.07
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>B. Pacific East</b>		<b>Transaction ID:</b> SB21B-113122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address PO Box 439		Amount of Each Disbursement this Period 142.95
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pacific East</b>		<b>Transaction ID:</b> SB21B-113123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address PO Box 439		Amount of Each Disbursement this Period 258.41
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	493.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jonathan Parker</b>		<b>Transaction ID:</b> SB21B-113124 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1611 Hobart Street NW		Amount of Each Disbursement this Period 191.06
City Washington State DC Zip Code 20009	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113126 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 43.08
City Vienna State VA Zip Code 22182	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

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113129 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 672.00
City Vienna State VA Zip Code 22182	Purpose of Disbursement Printing 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	906.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 10.22
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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 698.92
City Vienna State VA Zip Code 22182		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 988.23
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1697.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 226 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113133 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 375.56
City Vienna State VA Zip Code 22182	Purpose of Disbursement Printing 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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113134 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 7.90
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) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113135 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 60.43
City Vienna State VA Zip Code 22182	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>443.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113136 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1703.31
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1045.00
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>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113138 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1781.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4529.31
<b>TOTAL</b> 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 228 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 487.12
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>B. Public Interest Communications</b>		<b>Transaction ID:</b> SB21B-113139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 7700 Leesburg Pike Suite 301 North		Amount of Each Disbursement this Period 544.50
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-113148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 125.00
City Centreville State MD Zip Code 21617		
Purpose of Disbursement Design/Graphics Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1156.62
<b>TOTAL</b> 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 229 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-113149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 375.00
City State Zip Code Centreville MD 21617	Purpose of Disbursement Design/Graphics	
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>B. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-113152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 108.39
City State Zip Code Omaha NE 68103-0603	Purpose of Disbursement List Rental	
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>C. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-113153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 108.06
City State Zip Code Omaha NE 68103-0603	Purpose of Disbursement List Rental	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	591.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 230 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-113156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 40.56
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>B. Your Voice Media</b>		<b>Transaction ID:</b> SB21B-113160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 685 Market Street #570		Amount of Each Disbursement this Period 10510.50
City San Francisco State CA Zip Code 94105		
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) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 34193.86
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	44744.92
<b>TOTAL</b> 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 231 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Petty Cash</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1120 Connecticut Ave NW Suite 1100</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><b>Transaction ID:</b> SB21B-113263</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B. American Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 0001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Credit Card Service Charges</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><b>Transaction ID:</b> SB21B-113386</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1321.58"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C. Arizona House of Rep</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1700 W Washington Suite H</p> <p>City Phoenix State AZ Zip Code 85007</p> <p>Purpose of Disbursement Copying/Faxing</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><b>Transaction ID:</b> SB21B-113394</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.60"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1629.18"/></p>
<p><b>TOTAL</b> 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 232 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kristen Bartoloni</b>		<b>Transaction ID:</b> SB21B-113395 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 3850 Tunlaww Road Apt 311		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting Training 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>B. Jack I. Bender &amp; Sons</b>		<b>Transaction ID:</b> SB21B-113398 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1120 Connecticut Ave, NW Suite 1200		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Rent 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>C. AT&amp;T Mobility</b>		<b>Transaction ID:</b> SB21B-113402 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 168.81
City Carol Stream State IL Zip Code 60197-6463	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3218.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 233 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Heather Colburn</b> Full Name (Last, First, Middle Initial) Mailing Address 1320 Rutledge St. City Madison State WI Zip Code 53703 Purpose of Disbursement Consulting Training Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-113403</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 1500.00 Category/Type
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<b>B. Heather Colburn</b> Full Name (Last, First, Middle Initial) Mailing Address 1320 Rutledge St. City Madison State WI Zip Code 53703 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-113404</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 577.55 See Attached Memo Entry Category/Type
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<b>C. Donor Services Group LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 11500 W Olympic Blvd #540 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) ▼		<b>Transaction ID: SB21B-113407</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 139.75 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2217.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 234 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-113413 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 2566.12
City El Segundo State CA Zip Code 90245		
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) <b>B. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-113414 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 10375.82
City El Segundo State CA Zip Code 90245		
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) <b>C. Ellen Kennedy</b>		<b>Transaction ID:</b> SB21B-113417 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 2701 Elnora Drive		Amount of Each Disbursement this Period 100.00
City Silver Spring State MD Zip Code 20902		
Purpose of Disbursement Consulting Training 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13041.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 235 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Amie Kershner</b> Full Name (Last, First, Middle Initial) Mailing Address 3114 E. Baltimore City Baltimore State MD Zip Code 21224 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-113419</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 24.00 Category/Type
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<b>B. Laura Mann</b> Full Name (Last, First, Middle Initial) Mailing Address 3220 Connecticut Ave, NW City Washington State DC Zip Code 20008 Purpose of Disbursement Consulting Training Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-113421</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>C. Merkle Response Services Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 13331 Pennsylvania Ave City Hagerstown State MD Zip Code 21742 Purpose of Disbursement Data Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-113423</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 106.52 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>180.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 236 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Merkle Response Services Inc</b>		<b>Transaction ID:</b> SB21B-113424 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 885.33
City Hagerstown State MD Zip Code 21742	Purpose of Disbursement Data Management 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>B. Laila Mohib</b>		<b>Transaction ID:</b> SB21B-113425 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 616 E Street N.W. Apt 712		Amount of Each Disbursement this Period 110.99
City Washington State DC Zip Code 20004	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) ▼	See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>C. Ramona Oliver</b>		<b>Transaction ID:</b> SB21B-113426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 10012 Dallas Avenue		Amount of Each Disbursement this Period 368.44
City Silver Spring State MD Zip Code 20901	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) ▼	See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1364.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113427 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 0.30
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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113428 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 6601.81
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) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113429 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 6601.81
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13203.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 238 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113430 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 284.80
City Vienna State VA Zip Code 22182	Purpose of Disbursement Printing 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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113431 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 284.79
City Vienna State VA Zip Code 22182	Purpose of Disbursement Printing 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>C. Red Top Cab</b>		<b>Transaction ID:</b> SB21B-113432 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address P.O. Box 100519		Amount of Each Disbursement this Period 45.83
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	615.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-113435 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 100.01
City Omaha	State NE	
Zip Code 68103-0603		
Purpose of Disbursement List Rental		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-113438 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 142.87
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-113441 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 69.24
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	312.12
<b>TOTAL</b> 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 240 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		<b>Transaction ID:</b> SB21B-113443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 1501 Connecticut Ave NW		Amount of Each Disbursement this Period 410.00
City Washington State DC Zip Code 20036	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>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-113447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 394.29
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>C. U. S. Postmaster</b>		<b>Transaction ID:</b> SB21B-113464 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
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 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5804.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 241 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. California Pizza Kitchen</b> Full Name (Last, First, Middle Initial) Mailing Address 1260 Connecticut Ave 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) ▼		<b>Transaction ID:</b> SB21B-112917-10000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 90.44 <b>[MEMO ITEM]</b>
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<b>B. Wasabi</b> Full Name (Last, First, Middle Initial) Mailing Address 908 17th St 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) ▼		<b>Transaction ID:</b> SB21B-112918-10000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 26.95 <b>[MEMO ITEM]</b>
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<b>C. Renaissance</b> Full Name (Last, First, Middle Initial) Mailing Address 1127 Connecticut Ave 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) ▼		<b>Transaction ID:</b> SB21B-112918-20000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 17.30 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 242 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hyatt		<b>Transaction ID:</b> SB21B-112918-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 400 New Jersey Avenue, NW		Amount of Each Disbursement this Period 25.00	
City Washington State DC Zip Code 20001	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:	[MEMO ITEM]		

<b>B.</b> Full Name (Last, First, Middle Initial) ZipCar Inc		<b>Transaction ID:</b> SB21B-112926-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 25 1st St # 402		Amount of Each Disbursement this Period 90.00	
City Cambridge State MA Zip Code 02141	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:	[MEMO ITEM]		

<b>C.</b> Full Name (Last, First, Middle Initial) DMA of Washington		<b>Transaction ID:</b> SB21B-112927-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 11709 Bowman Green Drive		Amount of Each Disbursement this Period 110.00	
City Washington State DC Zip Code 20190	Purpose of Disbursement Publication & Dues	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:	[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 243 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. USPS</b> 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-112928-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 390.84 [MEMO ITEM]
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<b>B. Mayflower</b> Full Name (Last, First, Middle Initial) Mailing Address 1127 Connecticut Ave 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-112929-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 60.44 [MEMO ITEM]
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<b>C. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85034 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-112929-20000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 1216.95 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Cassis Travel</b> Full Name (Last, First, Middle Initial) Mailing Address 535 5th Avenue City New York State NY Zip Code 10017 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112929-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 210.00 <b>[MEMO ITEM]</b>
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<b>B. Boston Coach</b> Full Name (Last, First, Middle Initial) Mailing Address 69 Norman Street City Everett State MA Zip Code 02149 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112929-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 99.01 <b>[MEMO ITEM]</b>
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<b>C. IHG NYC</b> Full Name (Last, First, Middle Initial) Mailing Address 111 East 48th St City New York State NY Zip Code 10017 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112929-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 783.42 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 245 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Osteria Al Doge</b>		Transaction ID: SB21B-112929-60000 Date of Disbursement 10 / 11 / 2007
Mailing Address 142 W 44th St		Amount of Each Disbursement this Period 58.31
City New York	State NY Zip Code 10036	
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) <b>B. Music Express</b>		Transaction ID: SB21B-112929-70000 Date of Disbursement 10 / 11 / 2007
Mailing Address 475 Boulevard		Amount of Each Disbursement this Period 712.95
City Elmwood Park	State NJ Zip Code 07407	
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) <b>C. United Airlines</b>		Transaction ID: SB21B-112929-80000 Date of Disbursement 10 / 11 / 2007
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 12632.60
City Chicago	State IL Zip Code 60666	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 246 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Washington Parking</b></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 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><b>Transaction ID:</b> SB21B-112929-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Southwest Airlines</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2702 Love Field Drive</p> <p>City Dallas State TX Zip Code 75235</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><b>Transaction ID:</b> SB21B-112931-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="197.30"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Dos Amigos Burritos</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 286 Central Ave</p> <p>City Concord State NH Zip Code 03820</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><b>Transaction ID:</b> SB21B-112931-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.33"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 247 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Dunkin</b> Full Name (Last, First, Middle Initial) Mailing Address 101 Loudon Rd City Concord State NH Zip Code 03301 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-112931-30000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 4.30 [MEMO ITEM]
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<b>B. Amtrak</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NW City Washington State DC Zip Code 20002 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-112931-40000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 12.00 [MEMO ITEM]
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<b>C. Capitol Grille</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Eagle Square City Concord State NH Zip Code 03301 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-112931-50000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 7.99 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 248 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Courtyard</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Constitution Ave City Concord State NH Zip Code 03301 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-112931-70000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 1268.74 [MEMO ITEM]
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<b>B. Uno Chicago Grill</b> Full Name (Last, First, Middle Initial) Mailing Address 15 Fort Eddy Rd City Concord State NH Zip Code 03301 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-112931-80000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 11.86 [MEMO ITEM]
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<b>C. Bagel Works</b> Full Name (Last, First, Middle Initial) Mailing Address 42 N. Main Street City Concord State NH Zip Code 03301 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-112931-90000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 12.16 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 249 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Friendly Ice Cream</b>		<b>Transaction ID:</b> SB21B-112931-100000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 147 Loudon Rd		Amount of Each Disbursement this Period 8.19  <b>[MEMO ITEM]</b>
City Concord State NH Zip Code 03301		
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>B. Panera Bread</b>		<b>Transaction ID:</b> SB21B-112931-110000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 75 Fort Eddy Rd		Amount of Each Disbursement this Period 12.61  <b>[MEMO ITEM]</b>
City Concord State NH Zip Code 03301		
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>C. The Barley House</b>		<b>Transaction ID:</b> SB21B-112931-120000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 132 N. Main St		Amount of Each Disbursement this Period 22.17  <b>[MEMO ITEM]</b>
City Concord State NH Zip Code 03301		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 250 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Budget Rental</b>		<b>Transaction ID:</b> SB21B-112931-130000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 1 Airport Rd		Amount of Each Disbursement this Period 201.25
City Manchester State NH Zip Code 03103	[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:		

Full Name (Last, First, Middle Initial) <b>B. Quiznos</b>		<b>Transaction ID:</b> SB21B-112931-140000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 990 Elm St		Amount of Each Disbursement this Period 6.58
City Manchester State NH Zip Code 03103	[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:		

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobil</b>		<b>Transaction ID:</b> SB21B-112931-150000 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address 2391 Brown Ave		Amount of Each Disbursement this Period 20.27
City Manchester State NH Zip Code 03103	[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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 251 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Au Bon Pain</b> Full Name (Last, First, Middle Initial) Mailing Address 1732 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-112937-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 8.11 [MEMO ITEM]
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<b>B. Starbucks</b> Full Name (Last, First, Middle Initial) Mailing Address 1734 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-112938-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 179.75 [MEMO ITEM]
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<b>C. Office Depot</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 633211 City Cincinnati State OH Zip Code 45263-3211 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-112938-20000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 251.05 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 252 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. New York Times</b>		Transaction ID: SB21B-112939-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 229 West 43rd Street		Amount of Each Disbursement this Period 51.20
City New York State NY Zip Code 10036	Purpose of Disbursement Publication & Dues	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Doubletree Hotel</b>		Transaction ID: SB21B-112940-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 1515 Rhode Island Ave NW		Amount of Each Disbursement this Period 1012.77
City Washington State DC Zip Code 20005	Purpose of Disbursement Travel/Accommodation /Meals	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Transaction ID: SB21B-112948-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 222.80
City Dallas State TX Zip Code 75235	Purpose of Disbursement Travel/Accommodation /Meals	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 253 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Luna Grill		<b>Transaction ID:</b> SB21B-112949-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1301 Connecticut Ave		Amount of Each Disbursement this Period 21.44
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) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) California Pizza Kitchen		<b>Transaction ID:</b> SB21B-112949-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1260 Connecticut Avenue NW		Amount of Each Disbursement this Period 100.58
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) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Falls Church Florist		<b>Transaction ID:</b> SB21B-112950-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 419 W. Broad Street		Amount of Each Disbursement this Period 62.50
City Falls Church State VA Zip Code 22046	[MEMO ITEM]	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 254 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Tanfoori Times</b>		<b>Transaction ID:</b> SB21B-112951-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 6810 E. 5th Avenue		Amount of Each Disbursement this Period 20.00
City State Zip Code Scottsdale AZ 85251	[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:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent A Car</b>		<b>Transaction ID:</b> SB21B-112951-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1702 E. Rental Car Way		Amount of Each Disbursement this Period 324.43
City State Zip Code Phoenix AZ 85034	[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:		

Full Name (Last, First, Middle Initial) <b>C. Park Central</b>		<b>Transaction ID:</b> SB21B-112951-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3110 N 3rd Ave # 175		Amount of Each Disbursement this Period 10.49
City State Zip Code Phoenix AZ 85013	[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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 255 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. PHX Airport</b>		<b>Transaction ID:</b> SB21B-112951-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1805 E. Sky Hbr Cir South		Amount of Each Disbursement this Period 31.46  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85034		
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>B. US Airways</b>		<b>Transaction ID:</b> SB21B-112951-50000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 218.80  <b>[MEMO ITEM]</b>	
City Phoenix State AZ Zip Code 85034			
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>C. Hotel Valley Ho</b>		<b>Transaction ID:</b> SB21B-112951-60000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6902 E. 1st St.		Amount of Each Disbursement this Period 80.91  <b>[MEMO ITEM]</b>	
City Scottsdale State AZ Zip Code 85251			
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 256 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Central Airport Cab</b> Full Name (Last, First, Middle Initial) Mailing Address 204 E Young Ave City St. Louis State MO Zip Code 64093 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-70000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 29.70 <b>[MEMO ITEM]</b>
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<b>B. Southwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 2702 Love Field Drive City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-80000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 324.80 <b>[MEMO ITEM]</b>
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<b>C. St. Louis Cab</b> Full Name (Last, First, Middle Initial) Mailing Address 9930 Meeks Blvd City St. Louis State MO Zip Code 63132 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-90000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 48.21 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 257 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. STL Airport</b>		<b>Transaction ID:</b> SB21B-112951-100000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 10701 Lambert Intl Blvd		Amount of Each Disbursement this Period 22.36
City St. Louis State MO Zip Code 63145	[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>B. Fez</b>		<b>Transaction ID:</b> SB21B-112951-110000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3815 N Central Ave # B		Amount of Each Disbursement this Period 30.00
City Phoenix State AZ Zip Code 85012	[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>C. Quiznos</b>		<b>Transaction ID:</b> SB21B-112951-120000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 2425 E Camelback Rd,		Amount of Each Disbursement this Period 7.98
City Phoenix State AZ Zip Code 85016	[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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Matt's Big Breakfast</b>		<b>Transaction ID:</b> SB21B-112951-130000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 801 N. 1st St		Amount of Each Disbursement this Period 29.78  <b>[MEMO ITEM]</b>
City Phoenix	State AZ	
Zip Code 85004		
Purpose of Disbursement Travel/Accommodation /Meals Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starbucks</b>		<b>Transaction ID:</b> SB21B-112951-140000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 455 N 3rd St #100		Amount of Each Disbursement this Period 5.35  <b>[MEMO ITEM]</b>
City Phoenix	State AZ	
Zip Code 85004		
Purpose of Disbursement Travel/Accommodation /Meals Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Park Express</b>		<b>Transaction ID:</b> SB21B-112951-150000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 9050 Natural Bridge Rd		Amount of Each Disbursement this Period 41.85  <b>[MEMO ITEM]</b>
City Clayton	State MO	
Zip Code 63121		
Purpose of Disbursement Travel/Accommodation /Meals Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 259 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Wyndham</b> Full Name (Last, First, Middle Initial) Mailing Address 50 E Adams St City Phoenix State AZ Zip Code 85004 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-160000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 221.90 <b>[MEMO ITEM]</b>
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<b>B. Hotels.com</b> Full Name (Last, First, Middle Initial) Mailing Address 8140 Walnut Hill Lane City Dallas State TX Zip Code 75231 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-170000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 272.62 <b>[MEMO ITEM]</b>
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<b>C. Ra Sushi</b> Full Name (Last, First, Middle Initial) Mailing Address 3815 N. Scottsdale Rd City Scottsdale State AZ Zip Code 85251 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112951-180000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 31.89 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
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PAGE 260 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. The Wild Thaiger</b>		<b>Transaction ID:</b> SB21B-112951-190000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 2631 N Central Ave		Amount of Each Disbursement this Period 24.16  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85004		
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>B. Tammie Coe Cakes</b>		<b>Transaction ID:</b> SB21B-112951-200000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 4410 N 40th St		Amount of Each Disbursement this Period 22.73  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85018		
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>C. Clarendon Hotel</b>		<b>Transaction ID:</b> SB21B-112951-210000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 401 W Clarendon Ave		Amount of Each Disbursement this Period 34.00  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85013		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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PAGE 261 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Oaxaca Restaurant</b>		<b>Transaction ID:</b> SB21B-112951-220000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1516 W Van Buren St		Amount of Each Disbursement this Period 38.55  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85007		
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>B. Exxon Mobil</b>		<b>Transaction ID:</b> SB21B-112951-230000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 4026 Lake Mary Rd		Amount of Each Disbursement this Period 19.72  <b>[MEMO ITEM]</b>
City Flagstaff State AZ Zip Code 86001		
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>C. Panda Express</b>		<b>Transaction ID:</b> SB21B-112951-240000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 7000 N 16th St		Amount of Each Disbursement this Period 10.22  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85020		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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><b>A. Taco Bell</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4035 N 7th Ave</p> <p>City Phoenix State AZ Zip Code 85004</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><b>Transaction ID:</b> SB21B-112951-250000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.18"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Circle K</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 602 N 1st Ave</p> <p>City Phoenix State AZ Zip Code 85008</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><b>Transaction ID:</b> SB21B-112951-260000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.10"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Residence Inn</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 801 N 44th St</p> <p>City Phoenix State AZ Zip Code 85008</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><b>Transaction ID:</b> SB21B-112951-270000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="289.14"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 263 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Officemax Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 1031 E Idaho St City Kalispell State MT Zip Code 59001 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-112952-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 15.98 [MEMO ITEM]
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<b>B. RPS</b> Full Name (Last, First, Middle Initial) Mailing Address 200 E Broadway St City Missoula State MT Zip Code 59802 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-112953-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 28.00 [MEMO ITEM]
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<b>C. Phoenix City Grille</b> Full Name (Last, First, Middle Initial) Mailing Address 5816 N 16th St City Phoenix State AZ Zip Code 85016 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-112954-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 51.00 [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)

PAGE 264 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Phoenix Airport</b>		Transaction ID: SB21B-112954-20000 Date of Disbursement 10 / 11 / 2007
Mailing Address 3400 E. Sky Harbour Blvd		Amount of Each Disbursement this Period 14.70
City Phoenix State AZ Zip Code 85034	[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>B. Wyndham</b>		Transaction ID: SB21B-112954-30000 Date of Disbursement 10 / 11 / 2007
Mailing Address 50 East Adams Street		Amount of Each Disbursement this Period 411.85
City Phoenix State AZ Zip Code 85004	[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>C. Glacier Airport</b>		Transaction ID: SB21B-112954-40000 Date of Disbursement 10 / 11 / 2007
Mailing Address 4170 Highway 2		Amount of Each Disbursement this Period 25.00
City Kalispell State MT Zip Code 59001	[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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Corner Bakery</b>		Transaction ID: SB21B-112955-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 1828 L Street NW		Amount of Each Disbursement this Period 72.60
City Washington State DC Zip Code 20036	[MEMO ITEM]	
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type
Candidate Name		
State: District:		Full Name (Last, First, Middle Initial) <b>B. Au Bon Pain</b>

Full Name (Last, First, Middle Initial) <b>B. Au Bon Pain</b>		Transaction ID: SB21B-112955-20000 Date of Disbursement 10 / 11 / 2007
Mailing Address 19th & L		Amount of Each Disbursement this Period 44.07
City Washington State DC Zip Code 20036	[MEMO ITEM]	
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type
Candidate Name		
State: District:		Full Name (Last, First, Middle Initial) <b>C. Starbucks</b>

Full Name (Last, First, Middle Initial) <b>C. Starbucks</b>		Transaction ID: SB21B-112955-30000 Date of Disbursement 10 / 11 / 2007
Mailing Address 1734 L Street NW		Amount of Each Disbursement this Period 34.47
City Washington State DC Zip Code 20036	[MEMO ITEM]	
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type
Candidate Name		
State: District:		Full Name (Last, First, Middle Initial) SUBTOTAL of Disbursements This Page (optional) ..... ▶

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE 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 267 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Shays Grill</b> Full Name (Last, First, Middle Initial) Mailing Address 18 Monument Sq. City Portland State ME Zip Code 04102 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 22.08 <b>[MEMO ITEM]</b>
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<b>B. McDonald's</b> Full Name (Last, First, Middle Initial) Mailing Address Aviation Blvd & Elm Rd City Linthicum 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) ▼		<b>Transaction ID:</b> SB21B-112956-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 19.66 <b>[MEMO ITEM]</b>
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<b>C. Paradies</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Putcan Ave City Essington State PA Zip Code 19029 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-60000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 17.02 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
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PAGE 268 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Clipper Mart</b> Full Name (Last, First, Middle Initial) Mailing Address 1199 Congress St City Portland State ME Zip Code 04102 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-112956-70000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 5.34 [MEMO ITEM]
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<b>B. HMS Host</b> Full Name (Last, First, Middle Initial) Mailing Address 1001 Westbrook St City Portland State ME Zip Code 04102 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-112956-80000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 11.70 [MEMO ITEM]
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<b>C. Panera Bread</b> Full Name (Last, First, Middle Initial) Mailing Address 3806 Paxton Ave City Cincinnati State OH Zip Code 45209 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-112956-90000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 45.87 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 269 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Cinnabon</b> Full Name (Last, First, Middle Initial) Mailing Address Aviation Circle City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-100000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 8.15 <b>[MEMO ITEM]</b>
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<b>B. Wendy's</b> Full Name (Last, First, Middle Initial) Mailing Address 1830 Broadview Blvd City Harrison State OH Zip Code 15065 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-110000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 6.28 <b>[MEMO ITEM]</b>
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<b>C. White Castle</b> Full Name (Last, First, Middle Initial) Mailing Address 10910 New Haven Rd City Harrison State OH Zip Code 45030 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-120000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 2.64 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 270 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hess</b> Full Name (Last, First, Middle Initial) Mailing Address 287 Prospect St City Cambridge State MA Zip Code 02139 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-130000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 15.06 <b>[MEMO ITEM]</b>
<b>B. Hilton Garden Inn</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Wheeler Road City Burlington State MA Zip Code 01803 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-140000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 412.86 <b>[MEMO ITEM]</b>
<b>C. Hudson News</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Harborside Dr # 200 City Boston State MA Zip Code 02128 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-150000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 8.82 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
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PAGE 271 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Leo Roy Garage</b> Full Name (Last, First, Middle Initial) Mailing Address 200 Market St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-160000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b>
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<b>B. Thrifty Car Rental</b> Full Name (Last, First, Middle Initial) Mailing Address 40 Lee Burbank Hwy City Boston State MA Zip Code 02128 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112956-170000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 128.15 <b>[MEMO ITEM]</b>
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<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 19th & 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) ▼		<b>Transaction ID:</b> SB21B-112957-10000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 104.58 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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:  
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PAGE 272 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Transaction ID: SB21B-112958-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 1300 Connecticut Avenue NW		Amount of Each Disbursement this Period 296.04
City Washington State DC Zip Code 20001	Purpose of Disbursement Printing 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>B. New York Times</b>		Transaction ID: SB21B-112959-10000 Date of Disbursement 10 / 11 / 2007
Mailing Address 229 West 43rd Street		Amount of Each Disbursement this Period 13.58
City New York State NY Zip Code 10036	Purpose of Disbursement Publication & Dues 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>C. Newsgator</b>		Transaction ID: SB21B-112959-20000 Date of Disbursement 10 / 11 / 2007
Mailing Address 950 17th Street		Amount of Each Disbursement this Period 29.95
City Denver State CO Zip Code 80202	Purpose of Disbursement Publication & Dues 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]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112960-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 61.54 <b>[MEMO ITEM]</b>
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<b>B. Circle K</b> Full Name (Last, First, Middle Initial) Mailing Address 1950 S Milton Rd City Flagstaff State AZ Zip Code 86001 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112961-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 10.38 <b>[MEMO ITEM]</b>
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<b>C. Hilton Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 2435 S 47th St City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112961-20000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 382.65 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 274 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Crossroads</b> Full Name (Last, First, Middle Initial) Mailing Address 2602 S 4th Ave City Tucson State AZ Zip Code 85713 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112961-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 57.08 <b>[MEMO ITEM]</b>
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<b>B. Hilton Garden Inn</b> Full Name (Last, First, Middle Initial) Mailing Address 10 East Market St. City Indianapolis State IN Zip Code 46204 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112961-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 511.68 <b>[MEMO ITEM]</b>
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<b>C. Hertz Car Rental</b> Full Name (Last, First, Middle Initial) Mailing Address 3350 Valet Circle City Dayton State OH Zip Code 45409 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112961-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 202.98 <b>[MEMO ITEM]</b>
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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 275 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Washington Parking</b></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 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><b>Transaction ID:</b> SB21B-112961-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. US Airways</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4000 E. Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</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><b>Transaction ID:</b> SB21B-112961-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="153.70"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Thrifty Car Rental</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 23586 E 78th Ave</p> <p>City Denver State CO Zip Code 80249</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><b>Transaction ID:</b> SB21B-112961-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="216.03"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 276 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Awesome Taxi</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 556 WEST 37 STREET</p> <p>City New York State NY Zip Code 10019</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><b>Transaction ID:</b> SB21B-112961-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.72"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. BWI Garage</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 8766</p> <p>City Baltimore State MD Zip Code 21240</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><b>Transaction ID:</b> SB21B-112961-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Doubletree Hotels</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1230 Congress Street</p> <p>City Portland State ME Zip Code 04102</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><b>Transaction ID:</b> SB21B-112961-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="194.84"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 277 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Budget Car Rental</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1001 Westbrook St</p> <p>City Portland State ME Zip Code 04102</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><b>Transaction ID:</b> SB21B-112961-120000</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.40"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Starbucks</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10653 Loveland Madeira Rd</p> <p>City Blue Ash State OH Zip Code 45140</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><b>Transaction ID:</b> SB21B-112961-130000</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.65"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Hampton Inns</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10900 Crowne Point Dr</p> <p>City Cincinnati State OH Zip Code 45241</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><b>Transaction ID:</b> SB21B-112961-140000</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96.75"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 278 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Crowne Plaza</b>		<b>Transaction ID:</b> SB21B-112961-150000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 304 East 42Nd Street		Amount of Each Disbursement this Period 96.19
City New York State NY Zip Code 10017	[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:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		<b>Transaction ID:</b> SB21B-112961-160000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 60 Mass Ave NW		Amount of Each Disbursement this Period 167.00
City Washington State DC Zip Code 20002	[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:		

Full Name (Last, First, Middle Initial) <b>C. Super Shuttle</b>		<b>Transaction ID:</b> SB21B-112961-170000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address PO Box 18338		Amount of Each Disbursement this Period 38.94
City Baltimore State MD Zip Code 21240	[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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Enterprise Rent A Car</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 526 2nd St</p> <p>City Manchester State NH Zip Code 03102</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><b>Transaction ID:</b> SB21B-112963-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="296.31"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. National Journal Group Inc.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 600 New Hampshire Ave, NW</p> <p>City Washington State DC Zip Code 20037</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><b>Transaction ID:</b> SB21B-112964-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="727.64"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Newslibrary.com</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5020 Tamiami Trail N Ste 110</p> <p>City Naples State FL Zip Code 34103</p> <p>Purpose of Disbursement Publication &amp; Dues</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><b>Transaction ID:</b> SB21B-112965-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.95"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 280 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Priceline</b> Full Name (Last, First, Middle Initial) Mailing Address 800 Connecticut Avenue City Norwalk State CT Zip Code 06854 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 302.30 <b>[MEMO ITEM]</b>
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<b>B. California Tortilla</b> Full Name (Last, First, Middle Initial) Mailing Address 7727 Tuckerman Ln City Potomac State MD Zip Code 20854 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-20000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 4.92 <b>[MEMO ITEM]</b>
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<b>C. Oodles of Noodles</b> Full Name (Last, First, Middle Initial) Mailing Address 443 E Main St City Columbus State OH Zip Code 43215 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 5.95 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 281 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Westin Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 310 S. High Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 14.47 <b>[MEMO ITEM]</b>
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<b>B. Taco Bell</b> Full Name (Last, First, Middle Initial) Mailing Address 808 S High St City Columbus State OH Zip Code 43206 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 6.54 <b>[MEMO ITEM]</b>
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<b>C. Spinelli's Deli</b> Full Name (Last, First, Middle Initial) Mailing Address 767 Neil Ave City Columbus State OH Zip Code 43215 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-60000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 30.01 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 282 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Bp Oil</b> Full Name (Last, First, Middle Initial) Mailing Address 1950 E 17th Ave City Columbus State OH Zip Code 43219 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-70000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 4.84 <b>[MEMO ITEM]</b>
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<b>B. Enterprise Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 912 West Mound St City Columbus State OH Zip Code 43223 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-80000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 102.40 <b>[MEMO ITEM]</b>
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<b>C. PMI BWI</b> Full Name (Last, First, Middle Initial) Mailing Address 7062 Friendship Rd 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) ▼		<b>Transaction ID:</b> SB21B-112967-90000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 78.00 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 283 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Westin</b> Full Name (Last, First, Middle Initial) Mailing Address 310 S. High Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-100000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 43.50 <b>[MEMO ITEM]</b>
<b>B. Hilton</b> Full Name (Last, First, Middle Initial) Mailing Address 785 Crossover Ln City Memphis State TN Zip Code 38117 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-110000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 339.41 <b>[MEMO ITEM]</b>
<b>C. Doubletree Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 50 Warren St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-120000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 21.30 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 284 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. McDonald's</b> Full Name (Last, First, Middle Initial) Mailing Address 25 N Howard St City Baltimore State MD Zip Code 21201 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-130000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 4.91 <b>[MEMO ITEM]</b>
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<b>B. Athenian Corner</b> Full Name (Last, First, Middle Initial) Mailing Address 207 Market St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-140000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 30.55 <b>[MEMO ITEM]</b>
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<b>C. Leo Roy Garage</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Market St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-150000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 8.00 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 285 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Dubliner</b> Full Name (Last, First, Middle Initial) Mailing Address 197 Market St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-160000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 35.55 <b>[MEMO ITEM]</b>
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<b>B. Hookslide Kelly's</b> Full Name (Last, First, Middle Initial) Mailing Address 19 Merrimack St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-170000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 31.83 <b>[MEMO ITEM]</b>
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<b>C. Centro</b> Full Name (Last, First, Middle Initial) Mailing Address 24 Market St City Lowell State MA Zip Code 01852 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-180000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 9.38 <b>[MEMO ITEM]</b>
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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)

PAGE 286 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Exxon Mobil</b> Full Name (Last, First, Middle Initial) Mailing Address 21 Main St City Manchester State NH Zip Code 03102 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-190000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 6.63 <b>[MEMO ITEM]</b>
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<b>B. Quiznos</b> Full Name (Last, First, Middle Initial) Mailing Address 990 Elm St City Manchester State NH Zip Code 03101 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-200000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 10.24 <b>[MEMO ITEM]</b>
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<b>C. Alamo Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Airport Rd # 170 City Manchester State NH Zip Code 03103 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-112967-210000 <b>Date of Disbursement:</b> 10 / 11 / 2007 Amount of Each Disbursement this Period 169.94 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 287 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Brownstone on main</p> <p>Mailing Address 122 E Main St</p> <p>City Columbus State OH Zip Code 43215</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB21B-112967-220000</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 31.10</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Arby's</p> <p>Mailing Address 7062 Friendship Rd</p> <p>City Lithicum State MD Zip Code 21240</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB21B-112967-230000</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 3.96</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Rojo Tequila</p> <p>Mailing Address 790 N High St</p> <p>City Columbus State OH Zip Code 43215</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB21B-112967-240000</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 30.76</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 288 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1262 City Charlotte State NC Zip Code 28201-1262 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-112994-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 55.52 [MEMO ITEM]
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<b>B. 1-800-Flowers.com</b> Full Name (Last, First, Middle Initial) Mailing Address One Old Country Road Suite 500 City Carle Place State NY Zip Code 11514 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-113013-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 55.98 [MEMO ITEM]
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<b>C. Doubletree Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 50 Warren Street City Lowell State MA Zip Code 08875 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-113014-10000 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 24.85 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 289 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Manchester Airport</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 Airport Rd # 300</p> <p>City Manchester State NH Zip Code 03103</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><b>Transaction ID:</b> SB21B-113014-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Lower Locks Parking</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 90 Warren St</p> <p>City Lowell State MA Zip Code 01852</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><b>Transaction ID:</b> SB21B-113014-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Mackeys</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1823 L 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><b>Transaction ID:</b> SB21B-113022-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.60"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 290 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Lexis Nexis</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 7247-7090 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Computer 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) ▼		<b>Transaction ID:</b> SB21B-113082-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 3741.54 <b>[MEMO ITEM]</b>
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<b>B. Bloomstoday</b> Full Name (Last, First, Middle Initial) Mailing Address 15405 John Marshall Highway City Haymarket State VA Zip Code 20169 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) ▼		<b>Transaction ID:</b> SB21B-113083-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 173.19 <b>[MEMO ITEM]</b>
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<b>C. Idealist.org</b> Full Name (Last, First, Middle Initial) Mailing Address 360 West 31st Street Ste 510 City New York State NY Zip Code 10001 Purpose of Disbursement Employee Recruitment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113084-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 291 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Google</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2400 Bayshore Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Internet Services</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><b>Transaction ID:</b> SB21B-113085-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.52"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Survey Monkey.com</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 125 N Hamilton</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Internet Services</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><b>Transaction ID:</b> SB21B-113085-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.95"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Coastal Business SUPPLY</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 680M Crown Industrial Ct</p> <p>City Chesterfield State MO Zip Code 63005</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><b>Transaction ID:</b> SB21B-113086-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="202.31"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 292 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. GalleryWatch.com</b>		Transaction ID: SB21B-113087-10000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1011 San Jacinto Blvd, #405		Amount of Each Disbursement this Period 6820.86
City Austin State TX Zip Code 78701	[MEMO ITEM]	
Purpose of Disbursement Publication & Dues		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>B. Congressional Quarterly Inc.</b>		Transaction ID: SB21B-113087-20000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1414 22nd Street NW		Amount of Each Disbursement this Period 4324.63
City Washington State DC Zip Code 20037	[MEMO ITEM]	
Purpose of Disbursement Publication & Dues		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>C. Ralston Report</b>		Transaction ID: SB21B-113087-30000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2290 Corporate Circle Ste 250		Amount of Each Disbursement this Period 299.00
City Henderson State NV Zip Code 89074	[MEMO ITEM]	
Purpose of Disbursement Publication & Dues		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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 293 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Newsgator</b> Full Name (Last, First, Middle Initial) Mailing Address 950 17th Street Ste 2500 City Denver State CO Zip Code 80202 Purpose of Disbursement Publication & Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113087-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 29.95 <b>[MEMO ITEM]</b>
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<b>B. Virgin America</b> Full Name (Last, First, Middle Initial) Mailing Address 555 Airport Blvd City Burlingame State CA Zip Code 94010 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113087-50000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 278.80 <b>[MEMO ITEM]</b>
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<b>C. Walt Disney World</b> Full Name (Last, First, Middle Initial) Mailing Address 1500 Live Oak Ln City Lake Buena Vista State FL Zip Code 32830 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 625.52 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 294 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Southwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 2702 Love Field Drive City Dallas State TX Zip Code 75235 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 1405.50 <b>[MEMO ITEM]</b>
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<b>B. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 1569.20 <b>[MEMO ITEM]</b>
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<b>C. United Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 789.40 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 295 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hilton</b> Full Name (Last, First, Middle Initial) Mailing Address 939 Ridge Lake Boulevard City Memphis State TN Zip Code 38120 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 642.66 <b>[MEMO ITEM]</b>
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<b>B. Travelocity</b> Full Name (Last, First, Middle Initial) Mailing Address 15100 Trinity Blvd City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-60000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 210.08 <b>[MEMO ITEM]</b>
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<b>C. Jet Blue</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17435 City Salt Lake City State UT Zip Code 84117 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113088-70000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 179.40 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 296 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Super Shuttle</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lower Level Pier C</p> <p>City Baltimore State MD Zip Code 21240</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><b>Transaction ID:</b> SB21B-113088-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="68.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Virgin America</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 555 Airport Blvd</p> <p>City Burlingame State CA Zip Code 94010</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><b>Transaction ID:</b> SB21B-113088-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="278.80"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Doubletree Hotel</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 50 Warren Street</p> <p>City Lowell State MA Zip Code 08875</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><b>Transaction ID:</b> SB21B-113088-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="544.12"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 297 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. AirTran Airways</b>		<b>Transaction ID:</b> SB21B-113088-110000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 9955 AirTran Boulevard		Amount of Each Disbursement this Period 118.80
City Orlando State FL Zip Code 32827	[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>B. American Airlines</b>		<b>Transaction ID:</b> SB21B-113088-120000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 201.00
City DFW Airport State TX Zip Code 75261	[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>C. American Airlines</b>		<b>Transaction ID:</b> SB21B-113089-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 386.80
City DFW Airport State TX Zip Code 75261	[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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Mayflower</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1127 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><b>Transaction ID:</b> SB21B-113090-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="78.80"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Priceline</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 800 Connecticut Avenue</p> <p>City Norwalk State CT Zip Code 06854</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><b>Transaction ID:</b> SB21B-113091-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="355.63"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Outback</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 421 3rd St</p> <p>City New Smyrna Beach State FL Zip Code 32168</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><b>Transaction ID:</b> SB21B-113091-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.71"/></p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 299 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. United Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 66100 City Chicago State IL Zip Code 60666 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-113091-30000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 547.60 [MEMO ITEM]
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<b>B. Riverview Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 103 Flagler Ave City New Smyrna Beach State FL Zip Code 32169 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-113091-40000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 84.38 [MEMO ITEM]
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<b>C. Avis Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 367 S. Willow St City Manchester State NH Zip Code 03103 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-113091-50000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 105.31 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 300 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Doubletree Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 1956 Ala Moana Boulevard City Honolulu State HI Zip Code 96815 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) ▼		<b>Transaction ID:</b> SB21B-113092-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 35.56 <b>[MEMO ITEM]</b>
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<b>B. Olive Garden</b> Full Name (Last, First, Middle Initial) Mailing Address 8133 Leesburg Pike # 1361 City Vienna State VA Zip Code 22182 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113093-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 31.25 <b>[MEMO ITEM]</b>
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<b>C. Front Page</b> Full Name (Last, First, Middle Initial) Mailing Address 1333 New Hampshire Ave, 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) ▼		<b>Transaction ID:</b> SB21B-113093-20000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 47.50 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 301 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Oya</b> Full Name (Last, First, Middle Initial) Mailing Address 777 9th St. NW City Washington State DC Zip Code 20001 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113093-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 122.30 <b>[MEMO ITEM]</b>
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<b>B. Capitol Lounge</b> Full Name (Last, First, Middle Initial) Mailing Address 2229 Pennsylvania Ave, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113093-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 73.60 <b>[MEMO ITEM]</b>
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<b>C. Alamo Car Rental</b> Full Name (Last, First, Middle Initial) Mailing Address 1778 Ala Moana Blvd City Honolulu State HI Zip Code 96815 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113094-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 345.59 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 302 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113094-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b>
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<b>B. Budget Rental</b> Full Name (Last, First, Middle Initial) Mailing Address 1 NASSAU CIRCLE City Kansas City State MO Zip Code 61453 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113094-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 119.75 <b>[MEMO ITEM]</b>
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<b>C. McDonald's</b> Full Name (Last, First, Middle Initial) Mailing Address 5200 Raynor Ave City Lithicum Heights State MD Zip Code 21090 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-113094-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 6.29 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 303 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Amtrak</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Mass Ave NW City Washington State DC Zip Code 20002 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-113094-50000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 6.00 [MEMO ITEM]
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<b>B. Starbucks</b> Full Name (Last, First, Middle Initial) Mailing Address 401 Vine St City Cincinnati State OH Zip Code 45230 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-113094-60000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 11.20 [MEMO ITEM]
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<b>C. Enterprise Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 710 W National Rd City Vandalia State OH Zip Code 45377 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-113094-70000 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 156.35 [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 304 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		<b>Transaction ID:</b> SB21B-113404-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 298.41  <b>[MEMO ITEM]</b>
City Minneapolis State MN Zip Code 55450		
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>B. Orbitz</b>		<b>Transaction ID:</b> SB21B-113404-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 200 S Wacker Drive		Amount of Each Disbursement this Period 152.14  <b>[MEMO ITEM]</b>
City Chicago State IL Zip Code 60606		
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>C. Red Top Cab</b>		<b>Transaction ID:</b> SB21B-113404-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 3251 Washington Blvd		Amount of Each Disbursement this Period 82.00  <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22201		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 2072

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dane County Reg Air Parking</b>		<b>Transaction ID:</b> SB21B-113404-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 4000 International Ln		Amount of Each Disbursement this Period 45.00
City Madison State WI Zip Code 53704	[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) ▼

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B-113425-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 110.99
City Baltimore State MD Zip Code 21297-1464	[MEMO ITEM]	
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>C. AT&amp;T</b>		<b>Transaction ID:</b> SB21B-113426-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address PO Box 1262		Amount of Each Disbursement this Period 368.44
City Charlotte State NC Zip Code 28201-1262	[MEMO ITEM]	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	322163.63

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Key for Congress</b> Full Name (Last, First, Middle Initial) Ernest Harburg Mailing Address Ernest Harburg 240 E.10th Street, # 9B City New York State NY Zip Code 10003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> SB23-112744 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 250.00 Category/Type
--	--	--

<b>B. Key for Congress</b> Full Name (Last, First, Middle Initial) Elizabeth Hill Mailing Address Elizabeth Hill 3300 Darby Rd Apt 5101 City Haverford State PA Zip Code 19041 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> SB23-112745 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 250.00 Category/Type
--	--	--

<b>C. Key for Congress</b> Full Name (Last, First, Middle Initial) Mary Tjosvold Mailing Address Mary Tjosvold 1555 118th Lane NW City Coon Rapids State MN Zip Code 55448 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> SB23-112746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 100.00 Category/Type
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 308 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112750 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Jerome Aresty 17080 Castlebay Ct		Amount of Each Disbursement this Period 100.00
City Boca Raton State FL Zip Code 33496	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112751 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Gail Bernstein 1190 Birch Street Apt. 203		Amount of Each Disbursement this Period 25.00
City Denver State CO Zip Code 80220	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112752 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Janet Hurd 17 Paddock Lane		Amount of Each Disbursement this Period 50.00
City Williston State VT Zip Code 05495	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 309 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112753 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Eva Sulon 612 Burlingame Avenue		Amount of Each Disbursement this Period 25.00
City Burlingame State CA Zip Code 94010		
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112754 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Shirley Sutton 4339 NE Flanders Street		Amount of Each Disbursement this Period 25.00
City Portland State OR Zip Code 97213		
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112755 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009		
Purpose of Disbursement Candidate Contrib Earmarked	<input type="checkbox"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112756 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Ada Schwartz 18818 Rolling Road		Amount of Each Disbursement this Period 100.00
City Hagerstown	State MD	
Zip Code 21742		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112757 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Florence Wallis 210 Hailey Drive		Amount of Each Disbursement this Period 25.00
City Marlton	State NJ	
Zip Code 08053		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-112758 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Andy Rumer 155 Jackson Street, Apt. 401		Amount of Each Disbursement this Period 2300.00
City San Francisco	State CA	
Zip Code 94111		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Ernest Harburg 240 E.10th Street, # 9B		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10003		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112760 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Elizabeth Hill 3300 Darby Rd Apt 5101		Amount of Each Disbursement this Period 250.00
City Haverford State PA Zip Code 19041		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112761 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Fay Cohen 15 Cottonwood Road		Amount of Each Disbursement this Period 50.00
City Newton State MA Zip Code 02459		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112762 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Mary Tjosvold 1555 118th Lane NW		Amount of Each Disbursement this Period 100.00
City Coon Rapids	State MN	
Zip Code 55448		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112763 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Ruth Stambaugh 601 Scenic View Dr		Amount of Each Disbursement this Period 50.00
City Pittsburgh	State PA	
Zip Code 15241		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112764 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Jane Garfield P.O. Box 985 37 Parker Pt. Road		Amount of Each Disbursement this Period 50.00
City Blue Hill	State ME	
Zip Code 04614		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112765 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Eugenie Copp 19 Smith Neck Road		Amount of Each Disbursement this Period 50.00
City Old Lyme State CT Zip Code 06371	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112766 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Roy Parker 106 Stonegate Court		Amount of Each Disbursement this Period 50.00
City Simpsonville State SC Zip Code 29681	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112767 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Louis Heavenrich 13111 Lincoln Drive		Amount of Each Disbursement this Period 50.00
City Huntington Wood 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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112768 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Jerome Aresty 17080 Castlebay Ct		Amount of Each Disbursement this Period 100.00
City Boca Raton State FL Zip Code 33496	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112769 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Shirley Sutton 4339 NE Flanders Street		Amount of Each Disbursement this Period 25.00
City Portland State OR Zip Code 97213	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112770 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 315 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112771 Date of Disbursement 10 / 02 / 2007
Mailing Address    Ada Schwartz 18818 Rolling Road		Amount of Each Disbursement this Period 100.00
City Hagerstown	State                      Zip Code MD                              21742	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-112772 Date of Disbursement 10 / 02 / 2007
Mailing Address    Andy Rumer 155 Jackson Street, Apt. 401		Amount of Each Disbursement this Period 1000.00
City San Francisco	State                      Zip Code CA                              94111	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112773 Date of Disbursement 10 / 02 / 2007
Mailing Address    Margaret Richardson 406 Greening Way		Amount of Each Disbursement this Period 40.00
City Roswell	State                      Zip Code GA                              30076	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112774 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Mary Tjosvold 1555 118th Lane NW		Amount of Each Disbursement this Period 100.00
City Coon Rapids State MN Zip Code 55448	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112775 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Jean Sherrill 316 Old Dirt Road		Amount of Each Disbursement this Period 25.00
City Tallahassee State FL Zip Code 32317	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112776 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Frances Aronovitz 11151 SW 93rd Avenue		Amount of Each Disbursement this Period 50.00
City Miami State FL Zip Code 33176	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112777 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Jane Garfield P.O. Box 985 37 Parker Pt. Road		Amount of Each Disbursement this Period 50.00
City Blue Hill State ME Zip Code 04614		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Gibson Gray 3630 Kale Drive		Amount of Each Disbursement this Period 25.00
City Lumberton State NC Zip Code 28358		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-112779 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Joan Truckenbrod 14 Cari Court		Amount of Each Disbursement this Period 50.00
City Dekalb State IL Zip Code 60115		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Louis Heavenrich 13111 Lincoln Drive		Amount of Each Disbursement this Period 50.00
City Huntington Wood 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 State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112781 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Juliana Kim 190 Long Cove Dr		Amount of Each Disbursement this Period 50.00
City Hilton Head State SC Zip Code 29928	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112782 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address C. Ramage 1420 Acadia Street		Amount of Each Disbursement this Period 50.00
City Durham State NC Zip Code 27701	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112783 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Robert Groves 104 Howland Avenue		Amount of Each Disbursement this Period 50.00
City Adams State MA Zip Code 01220	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112784 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-112785 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Eva Sulon 612 Burlingame Avenue		Amount of Each Disbursement this Period 25.00
City Burlingame State CA Zip Code 94010	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	125.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112786 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Ernest Harburg 240 E.10th Street, # 9B</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>250.00</td> </tr> </table> </p>	250.00																			
250.00																						
<p>City New York State NY Zip Code 10003</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112787 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Elizabeth Hill 3300 Darby Rd Apt 5101</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>250.00</td> </tr> </table> </p>	250.00																			
250.00																						
<p>City Haverford State PA Zip Code 19041</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112788 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Fay Cohen 15 Cottonwood Road</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 Newton State MA Zip Code 02459</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>550.00</b></p>
<p><b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-112789 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Mary Tjosvold 1555 118th Lane NW		Amount of Each Disbursement this Period 100.00
City Coon Rapids State MN Zip Code 55448		
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-112790 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Ruth Stambaugh 601 Scenic View Dr		Amount of Each Disbursement this Period 50.00
City Pittsburgh State PA Zip Code 15241		
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-112791 <b>Date of Disbursement</b> 10 / 02 / 2007
Mailing Address Louis Heavenrich 13111 Lincoln Drive		Amount of Each Disbursement this Period 50.00
City Huntington Wood State MI Zip Code 48070		
Purpose of Disbursement Candidate Contrib Earmarked	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-112792</b> Date of Disbursement 10 / 02 / 2007
Mailing Address Jerome Aresty 17080 Castlebay Ct		Amount of Each Disbursement this Period 100.00
City Boca Raton State FL Zip Code 33496	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-112793</b> Date of Disbursement 10 / 02 / 2007
Mailing Address Gail Bernstein 1190 Birch Street Apt. 203		Amount of Each Disbursement this Period 25.00
City Denver State CO Zip Code 80220	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-112794</b> Date of Disbursement 10 / 02 / 2007
Mailing Address Janet Hurd 17 Paddock Lane		Amount of Each Disbursement this Period 50.00
City Williston State VT Zip Code 05495	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 323 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112795 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Eva Sulon 612 Burlingame Avenue</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 Burlingame State CA Zip Code 94010</p>	<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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112796 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Shirley Sutton 4339 NE Flanders Street</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 Portland State OR Zip Code 97213</p>	<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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112797 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C</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 10009</p>	<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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>100.00</p>
<p><b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112798 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
<p>Mailing Address Florence Wallis 210 Hailey Drive</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 Marlton State NJ Zip Code 08053</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-112799 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
<p>Mailing Address Andy Rumer 155 Jackson Street, Apt. 401</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2300.00</td> </tr> </table> </p>	2300.00																			
2300.00																						
<p>City San Francisco State CA Zip Code 94111</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112800 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
<p>Mailing Address Elizabeth Hill 3300 Darby Rd Apt 5101</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>250.00</td> </tr> </table> </p>	250.00																			
250.00																						
<p>City Haverford State PA Zip Code 19041</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2575.00</b></p>
<p><b>TOTAL</b> 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 325 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112801 <b>Date of Disbursement</b></p>
<p>Mailing Address Mary Tjosvold 1555 118th Lane NW</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p>
<p>City Coon Rapids State MN Zip Code 55448</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text" value=""/></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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112802 <b>Date of Disbursement</b></p>
<p>Mailing Address Ruth Stambaugh 601 Scenic View Dr</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p>
<p>City Pittsburgh State PA Zip Code 15241</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text" value=""/></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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112803 <b>Date of Disbursement</b></p>
<p>Mailing Address Britte Evers 2019 Lyon Street</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p>
<p>City San Francisco State CA Zip Code 94115</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text" value=""/></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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="200.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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 326 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112804 <b>Date of Disbursement</b></p>
<p>Mailing Address Gibson Gray 3630 Kale Drive</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>City Lumberton State NC Zip Code 28358</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text"/> Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>State: District:</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112805 <b>Date of Disbursement</b></p>
<p>Mailing Address Louis Heavenrich 13111 Lincoln Drive</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>City Huntington Wood State MI Zip Code 48070</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text"/> Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>State: District:</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund</p>		<p><b>Transaction ID:</b> SB23-112806 <b>Date of Disbursement</b></p>
<p>Mailing Address Jerome Aresty 17080 Castlebay Ct</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>City Boca Raton State FL Zip Code 33496</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p><input type="text"/> Category/Type</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>	<p>State: District:</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="175.00"/></p>
<p><b>TOTAL</b> 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 327 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Hurd 17 Paddock Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112807</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00
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<b>B. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Ruth Hergenrother 67 Old State Road City Chelmsford State MA Zip Code 01824 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112808</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00
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<b>C. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Joyce Lipshitz 3501 Bimini Lane, Apt. L3 City Coconut Creek 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112809</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 328 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-112810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Shirley Sutton 4339 NE Flanders Street		Amount of Each Disbursement this Period 25.00
City Portland State OR Zip Code 97213	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-112811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-112812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Andy Rumer 155 Jackson Street, Apt. 401		Amount of Each Disbursement this Period 2000.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2075.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Ernest Harburg Mailing Address Ernest Harburg 240 E.10th Street, # 9B City New York State NY Zip Code 10003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112813</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Elizabeth Hill Mailing Address Elizabeth Hill 3300 Darby Rd Apt 5101 City Haverford State PA Zip Code 19041 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112814</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type
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<b>C. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Fay Cohen Mailing Address Fay Cohen 15 Cottonwood Road City Newton 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112815</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Tjosvold 1555 118th Lane NW City: Coon Rapids State: MN Zip Code: 55448 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-112816</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 Category/Type: _____
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Sherrill 316 Old Dirt Road City: Tallahassee State: FL Zip Code: 32317 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-112817</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type: _____
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<b>C. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address: Martha Johnson 255 Pearl Street City: South Hadley State: MA Zip Code: 01075 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-112818</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type: _____
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 331 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Jane Garfield Mailing Address P.O. Box 985 37 Parker Pt. Road City Blue Hill State ME Zip Code 04614 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112819</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Kurt Wray Mailing Address 103 Gull Rock Road City Hancock State ME Zip Code 04640 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112820</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 Category/Type
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<b>C. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Louis Heavenrich Mailing Address 13111 Lincoln Drive City Huntington Wood 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-112821</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Pingree for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Jerome Aresty 17080 Castlebay Ct</p> <p>Mailing Address</p> <p>City: Boca Raton State: FL Zip Code: 33496</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23-112822</p> <p>Date of Disbursement: 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period: 100.00</p> <p>Category/Type</p>
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<p><b>B. Pingree for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Robert Groves 104 Howland Avenue</p> <p>Mailing Address</p> <p>City: Adams State: MA Zip Code: 01220</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23-112823</p> <p>Date of Disbursement: 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period: 50.00</p> <p>Category/Type</p>
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<p><b>C. Pingree for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Shirley Sutton 4339 NE Flanders Street</p> <p>Mailing Address</p> <p>City: Portland State: OR Zip Code: 97213</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB23-112824</p> <p>Date of Disbursement: 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period: 25.00</p> <p>Category/Type</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>175.00</p>
<p><b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-112825 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-112826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Andy Rumer 155 Jackson Street, Apt. 401		Amount of Each Disbursement this Period 1100.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Lynn Roddy 2 W. 67 Street, # 8E		Amount of Each Disbursement this Period 50.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Nancy Reed 2602 Francis Street		Amount of Each Disbursement this Period 100.00
City St. Joseph State MO Zip Code 64501	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Suzanne Rodgers 169 Huntington Hills		Amount of Each Disbursement this Period 35.00
City Rochester State NY Zip Code 14622	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address M. Gay Conklin P O Box 3795		Amount of Each Disbursement this Period 50.00
City Honolulu State HI Zip Code 96812	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		<b>Transaction ID: SB23-112898</b> Date of Disbursement 10 / 03 / 2007
Mailing Address Bruce Collette Pageland Farm P.O. Box 108		Amount of Each Disbursement this Period 25.00
City Casanova	State VA	
Zip Code 20139		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Jeanne Shaheen For Senate</b>		<b>Transaction ID: SB23-112899</b> Date of Disbursement 10 / 03 / 2007
Mailing Address Howard Woo 7748 hosford ave		Amount of Each Disbursement this Period 25.00
City Los Angeles	State CA	
Zip Code 90045		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Jeanne Shaheen For Senate</b>		<b>Transaction ID: SB23-112900</b> Date of Disbursement 10 / 03 / 2007
Mailing Address William Dibrell 1703 Alta Vista Ave		Amount of Each Disbursement this Period 50.00
City Austin	State TX	
Zip Code 78704		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Leslie Teicholz 2190 Dublin Road		Amount of Each Disbursement this Period 100.00
City Richmond	State MA	
Zip Code 01254		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-112902 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Barbara Bell 5 Dellwood Road		Amount of Each Disbursement this Period 25.00
City Worcester	State MA	
Zip Code 01602		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113025 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Sylvia Cunningham 5896 East Linda RR 4 Box 654		Amount of Each Disbursement this Period 20.00
City Rogersville	State MO	
Zip Code 65742		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 337 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Virginia Corkran 213 9th Avenue S		Amount of Each Disbursement this Period 15.00
City Naples State FL Zip Code 34102		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Carol Bartosch 3815 Circlewood Ct		Amount of Each Disbursement this Period 150.00
City Cleveland State OH Zip Code 44126		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Barbara Ballard PO Box 297		Amount of Each Disbursement this Period 250.00
City Dodgeville State WI Zip Code 53533		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	415.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113029 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Tommie Brent 2490 Louisiana Street		Amount of Each Disbursement this Period 100.00
City Beaumont State TX Zip Code 77702	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113030 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Jeraldine Trabant 726 Loveville Road Cottage 94		Amount of Each Disbursement this Period 100.00
City Hockessin State DE Zip Code 19707	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113031 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Carole Akin 750 Lincoln Road, Apt. 59		Amount of Each Disbursement this Period 25.00
City Yuba City State CA Zip Code 95991	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 339 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address: Esther Droege 3928 Locklear Court City: Atlanta State: GA Zip Code: 30360 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-113032</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 75.00 Category/Type: _____
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<b>B. Melissa Bean for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address: Bernice Fischer 620 Sand Hill Road City: Palo Alto State: CA Zip Code: 94304 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-113033</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type: _____
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<b>C. Hillary Clinton for President</b> Full Name (Last, First, Middle Initial) Mailing Address: Peggy Rice 480 Park Avenue 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-113034</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type: _____
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 340 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113035 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	7													
<p>Mailing Address Faye Duchin 28 East Road</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 Troy State NY Zip Code 12180</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113036 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	7													
<p>Mailing Address Ruth Henning 591 Woodcreek Blvd</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 Traverse City State MI Zip Code 49686</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113037 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	1		2	0	0	7													
<p>Mailing Address Joan Bretschneider 21 West Tulpehocken Street</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 Philadelphia State PA Zip Code 19144</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>150.00</b></p>
<p><b>TOTAL</b> 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) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Karen Hagewood 2042 Ellis Street		Amount of Each Disbursement this Period 100.00
City San Francisco State CA Zip Code 94115	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113039 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Gloria Hardington 20184 Beach Cliff Blvd.		Amount of Each Disbursement this Period 100.00
City Rocky River State OH Zip Code 44116	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Eloise Smith 406 Jefferson Street PO Box 394		Amount of Each Disbursement this Period 50.00
City Jackson State NC Zip Code 27845	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 342 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Hillary Clinton for President Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113041 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address B. Barclay Smith 201 Bishop Street		Amount of Each Disbursement this Period 100.00
City New Haven State CT Zip Code 06511	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Hillary Clinton for President Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113042 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Edith Steier 2930 137th Street Apt. 3D		Amount of Each Disbursement this Period 50.00
City Flushing State NY Zip Code 11354	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Hillary Clinton for President Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113043 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Betty Patterson 4358 Dell Rd Apt B		Amount of Each Disbursement this Period 25.00
City Lansing State MI Zip Code 48911	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Anita McCormick 1711 Wellington Road		Amount of Each Disbursement this Period 100.00
City Los Angeles State CA Zip Code 90019	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113045 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Doris Baldwin 3066 Crown Heron Street		Amount of Each Disbursement this Period 50.00
City Venice State FL Zip Code 34293	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Phyllis Swonk 4089 S. Michael Road		Amount of Each Disbursement this Period 20.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113050 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Sylvia Cunningham 5896 East Linda RR 4 Box 654		Amount of Each Disbursement this Period 20.00
City Rogersville State MO Zip Code 65742	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113051 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Marjorie Hart-Moore 5844 West Have Drive		Amount of Each Disbursement this Period 15.00
City Fort Worth State TX Zip Code 76132	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113052 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Mildred Hedrick 2135 Frederick Avenue		Amount of Each Disbursement this Period 100.00
City Kalamazoo State MI Zip Code 49008	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 346 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-113053</b> Date of Disbursement 10 / 11 / 2007
Mailing Address Carole Akin 750 Lincoln Road, Apt. 59		Amount of Each Disbursement this Period 25.00
City Yuba City State CA Zip Code 95991	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-113054</b> Date of Disbursement 10 / 11 / 2007
Mailing Address Carol Scotton 3839 Fossum Lane		Amount of Each Disbursement this Period 25.00
City Okemos State MI Zip Code 48864	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jennings for Congress Recount Fund</b>		<b>Transaction ID: SB23-113055</b> Date of Disbursement 10 / 11 / 2007
Mailing Address Gloria Hardington 20184 Beach Cliff Blvd.		Amount of Each Disbursement this Period 100.00
City Rocky River State OH Zip Code 44116	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 347 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Jeraldine Trabant 726 Loveville Road Cottage 94		Amount of Each Disbursement this Period 100.00
City Hockessin	State DE	
Zip Code 19707	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Virginia Corkran 213 9th Avenue S		Amount of Each Disbursement this Period 15.00
City Naples	State FL	
Zip Code 34102	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113058 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Doris Baldwin 3066 Crown Heron Street		Amount of Each Disbursement this Period 50.00
City Venice	State FL	
Zip Code 34293	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 348 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Bernice Fischer 620 Sand Hill Road		Amount of Each Disbursement this Period 25.00
City Palo Alto State CA Zip Code 94304	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Patricia Clark 1994 East River Road		Amount of Each Disbursement this Period 50.00
City Cortland State NY Zip Code 13045	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address Jeraldine Trabant 726 Loveville Road Cottage 94		Amount of Each Disbursement this Period 100.00
City Hockessin State DE Zip Code 19707	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Virginia Corkran 213 9th Avenue S Mailing Address City: Naples State: FL Zip Code: 34102 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: SB23-113062</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 15.00 Category/Type: _____
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Carol Scotton 3839 Fossum Lane Mailing Address 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: SB23-113063</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type: _____
--	--	--

<b>C. The Niki Tsongas Committee</b> Full Name (Last, First, Middle Initial) Louise McCagg 32 Washington Square West #11W Mailing Address City: New York State: NY Zip Code: 10011 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: SB23-113064</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type: _____
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 350 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. The Niki Tsongas Committee</b>		<b>Transaction ID:</b> SB23-113065 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address Valerie Wood 133 S. Del Mar Avenue		Amount of Each Disbursement this Period 100.00
City San Gabriel State CA Zip Code 91776	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB23-112962 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 284.03
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement In-Kind Travel Accommodation/Meals		
Candidate Name Nicola Tsongas		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Prim	See Att Memo Inc prior to 9/4/07

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB23-113012 <b>Date of Disbursement</b> 10 / 11 / 2007
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 84.85
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement In-Kind Travel Accommodation/Meals		
Candidate Name Nicola Tsongas		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Prim	See Att Memo Inc prior to 9/4/07

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	468.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 351 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christie P Roberts</b>		<b>Transaction ID:</b> SB23-113279 <b>Date of Disbursement</b> 10 / 15 / 2007
Mailing Address 11 Platz Dr		Amount of Each Disbursement this Period 1199.98
City Skillman	State NJ	
Zip Code 08558		
Purpose of Disbursement In-Kind Statagic Consultant		
Candidate Name Thomas Allen		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113167 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Carolyn Clark 12 Royal Way		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75229		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113168 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Melody Umstead 38 El Camino Tesoros		Amount of Each Disbursement this Period 100.00
City Sedona	State AZ	
Zip Code 86336		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1399.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Galen Williams 7 Oyster Shores Road		Amount of Each Disbursement this Period 25.00
City East Hampton State NY Zip Code 11937	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Kathleen Byrnes 3900 Carnavon Way		Amount of Each Disbursement this Period 25.00
City Los Angeles State CA Zip Code 90027	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address David Davies 109 Barker St		Amount of Each Disbursement this Period 25.00
City Wellington State OH Zip Code 44090	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 354 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Patty Gilmour 30 West River Street		Amount of Each Disbursement this Period 250.00	
City Wilkes Barre	State PA		Zip Code 18702
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113176 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Barbara Fryburg 6511 Cedarview Court		Amount of Each Disbursement this Period 10.00	
City Dayton	State OH		Zip Code 45459
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113177 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Colby Dempsey P.O. Box 1195		Amount of Each Disbursement this Period 25.00	
City Driggs	State ID		Zip Code 83422
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113178 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Irene West 3730 Rural Court E		Amount of Each Disbursement this Period 10.00
City Pittsburgh State PA Zip Code 15221	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113179 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Stasia Davison 5 Tamarac Lane		Amount of Each Disbursement this Period 250.00
City Englewood State CO Zip Code 80113	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113180 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Martha Vinick 1250 Farmington Ave Apt C8		Amount of Each Disbursement this Period 35.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 356 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Mary Jane Snyder One Calvin Circle, Apt. 410A		Amount of Each Disbursement this Period 100.00
City Evanston	State IL	
Zip Code 60201		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Carolyn Clark 12 Royal Way		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75229		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113183 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Melody Umstead 38 El Camino Tesoros		Amount of Each Disbursement this Period 50.00
City Sedona	State AZ	
Zip Code 86336		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 357 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Galen Williams 7 Oyster Shores Road		Amount of Each Disbursement this Period 25.00
City East Hampton State NY Zip Code 11937	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113185 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Kathleen Byrnes 3900 Carnavon Way		Amount of Each Disbursement this Period 25.00
City Los Angeles State CA Zip Code 90027	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Ladonna Taylor 827 Madison Street		Amount of Each Disbursement this Period 25.00
City Evanston State IL Zip Code 60202	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 358 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113187 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Anna Bartley 76D Franklin Ln		Amount of Each Disbursement this Period 10.00
City Whiting	State NJ	
Zip Code 08759		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113188 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Barbara Fryburg 6511 Cedarview Court		Amount of Each Disbursement this Period 10.00
City Dayton	State OH	
Zip Code 45459		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113189 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address Irene West 3730 Rural Court E		Amount of Each Disbursement this Period 10.00
City Pittsburgh	State PA	
Zip Code 15221		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113190 Date of Disbursement 10 / 18 / 2007
Mailing Address Joshua Whetzel 5036 Castleman St.		Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA	
Zip Code 15232		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113192 Date of Disbursement 10 / 18 / 2007
Mailing Address Jane Abel 900 University St Apt 2T		Amount of Each Disbursement this Period 500.00
City Seattle	State WA	
Zip Code 98101		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113193 Date of Disbursement 10 / 18 / 2007
Mailing Address Carolyn Clark 12 Royal Way		Amount of Each Disbursement this Period 100.00
City Dallas	State TX	
Zip Code 75229		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 360 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113194 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	7															
<p>Mailing Address Melody Umstead 38 El Camino Tesoros</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 Sedona State AZ Zip Code 86336</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113195 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	7															
<p>Mailing Address Lisa Painter 6456 Flagler 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 Nordland State WA Zip Code 98358</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President</p>		<p><b>Transaction ID:</b> SB23-113196 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	7															
<p>Mailing Address Jeanne Grandy 285 Auburn 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 West Hartford State CT Zip Code 06119</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>250.00</p>
<p><b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Elfriede Engel PO Box 526		Amount of Each Disbursement this Period 100.00
City Northport State MI Zip Code 49670	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Doris Tennyson 1915 Locust Grove Road		Amount of Each Disbursement this Period 50.00
City Silver Spring State MD Zip Code 20910	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address J. Trice PO Box 819		Amount of Each Disbursement this Period 100.00
City Rosedale State MS Zip Code 38769	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Barbara Fryburg 6511 Cedarview Court		Amount of Each Disbursement this Period 10.00	
City Dayton	State OH		Zip Code 45459
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Anita Davis 4846 Knickerbocker St		Amount of Each Disbursement this Period 50.00	
City Houston	State TX		Zip Code 77035
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address Irene West 3730 Rural Court E		Amount of Each Disbursement this Period 10.00	
City Pittsburgh	State PA		Zip Code 15221
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 363 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Jo Bidner 11 Sterling Place Apt. 4A		Amount of Each Disbursement this Period 50.00
City Brooklyn State NY Zip Code 11217		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Robert Leibowitz 6 Northwood Lane		Amount of Each Disbursement this Period 50.00
City Boynton Beach State FL Zip Code 33436		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Stasia Davison 5 Tamarac Lane		Amount of Each Disbursement this Period 250.00
City Englewood State CO Zip Code 80113		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 364 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Deborah Butterworth 4413 Greenwich Pkwy NW		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20007	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113207 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Anna Bartley 76D Franklin Ln		Amount of Each Disbursement this Period 10.00
City Whiting State NJ Zip Code 08759	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID:</b> SB23-113210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Carolyn Clark 12 Royal Way		Amount of Each Disbursement this Period 100.00
City Dallas State TX Zip Code 75229	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-113211 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Melody Umstead 38 El Camino Tesoros		Amount of Each Disbursement this Period 100.00
City Sedona State AZ Zip Code 86336	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-113212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Galen Williams 7 Oyster Shores Road		Amount of Each Disbursement this Period 25.00
City East Hampton State NY Zip Code 11937	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress		<b>Transaction ID:</b> SB23-113213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Ronnie Bendheim 6111 North Palo Christi Road		Amount of Each Disbursement this Period 50.00
City Paradise Valley State AZ Zip Code 85253	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-113214 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	7													
<p>Mailing Address Kathleen Byrnes 3900 Carnavon Way</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 Los Angeles State CA Zip Code 90027</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-113215 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	7													
<p>Mailing Address Ladonna Taylor 827 Madison Street</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 Evanston State IL Zip Code 60202</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald for Congress</p>		<p><b>Transaction ID:</b> SB23-113216 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	7													
<p>Mailing Address Anne Harvey 2242 Lawton Drive</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 Lemon Grove State CA Zip Code 91945</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>75.00</p>
<p><b>TOTAL</b> 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 367 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-113217</b> Date of Disbursement 10 / 18 / 2007	
Mailing Address Anna Bartley 76D Franklin Ln		Amount of Each Disbursement this Period 10.00	
City Whiting	State NJ		Zip Code 08759
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-113218</b> Date of Disbursement 10 / 18 / 2007	
Mailing Address Barbara Fryburg 6511 Cedarview Court		Amount of Each Disbursement this Period 10.00	
City Dayton	State OH		Zip Code 45459
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID: SB23-113219</b> Date of Disbursement 10 / 18 / 2007	
Mailing Address Alice Wooster 3032 N 15th Street, Apt. 803		Amount of Each Disbursement this Period 50.00	
City Grand Jct	State CO		Zip Code 81506
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 368 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald for Congress</b>		Transaction ID: SB23-113220 Date of Disbursement 10 / 18 / 2007
Mailing Address Anita Davis 4846 Knickerbocker St		Amount of Each Disbursement this Period 50.00
City Houston	State TX	
Zip Code 77035		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Joan Fitz-Gerald for Congress</b>		Transaction ID: SB23-113221 Date of Disbursement 10 / 18 / 2007
Mailing Address Colby Dempsey P.O. Box 1195		Amount of Each Disbursement this Period 25.00
City Driggs	State ID	
Zip Code 83422		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Joan Fitz-Gerald for Congress</b>		Transaction ID: SB23-113222 Date of Disbursement 10 / 18 / 2007
Mailing Address Irene West 3730 Rural Court E		Amount of Each Disbursement this Period 10.00
City Pittsburgh	State PA	
Zip Code 15221		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 369 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald for Congress</b>		<b>Transaction ID:</b> SB23-113223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Stasia Davison 5 Tamarac Lane		Amount of Each Disbursement this Period 250.00
City Englewood State CO Zip Code 80113	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Carolyn Clark 12 Royal Way		Amount of Each Disbursement this Period 100.00
City Dallas State TX Zip Code 75229	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Melody Umstead 38 El Camino Tesoros		Amount of Each Disbursement this Period 50.00
City Sedona State AZ Zip Code 86336	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Galen Williams 7 Oyster Shores Road City East Hampton State NY Zip Code 11937 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113231</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type
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<b>B. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Byrnes 3900 Carnavon Way City Los Angeles State CA Zip Code 90027 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113232</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type
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<b>C. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address David Davies 109 Barker St City Wellington State OH Zip Code 44090 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113233</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113234 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Anne Harvey 2242 Lawton Drive		Amount of Each Disbursement this Period 10.00
City Lemon Grove	State CA	
Zip Code 91945		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Anna Bartley 76D Franklin Ln		Amount of Each Disbursement this Period 10.00
City Whiting	State NJ	
Zip Code 08759		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Jennings for Congress Recount Fund</b>		<b>Transaction ID:</b> SB23-113236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Barbara Fryburg 6511 Cedarview Court		Amount of Each Disbursement this Period 10.00
City Dayton	State OH	
Zip Code 45459		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 372 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Irene West Mailing Address 3730 Rural Court E City Pittsburgh State PA Zip Code 15221 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113237</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 10.00 Category/ Type
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<b>B. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Ladonna Taylor Mailing Address 827 Madison Street City Evanston State IL Zip Code 60202 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113238</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 25.00 Category/ Type
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<b>C. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Carolyn Clark Mailing Address 12 Royal Way City Dallas State TX Zip Code 75229 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113243</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Melody Umstead 38 El Camino Tesoros		Amount of Each Disbursement this Period 50.00
City Sedona	State AZ	
Zip Code 86336		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Galen Williams 7 Oyster Shores Road		Amount of Each Disbursement this Period 25.00
City East Hampton	State NY	
Zip Code 11937		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Kathleen Byrnes 3900 Carnavon Way		Amount of Each Disbursement this Period 25.00
City Los Angeles	State CA	
Zip Code 90027		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 375 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Alice Wooster Mailing Address 3032 N 15th Street, Apt. 803 City Grand Jct State CO Zip Code 81506 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113250</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Irene West Mailing Address 3730 Rural Court E City Pittsburgh State PA Zip Code 15221 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113251</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 10.00 Category/Type
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<b>C. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Joshua Whetzel Mailing Address 5036 Castleman St. City Pittsburgh State PA Zip Code 15232 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113252</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 500.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	560.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 376 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Pingree for Congress</b>		<b>Transaction ID:</b> SB23-113253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Robert Leibowitz 6 Northwood Lane		Amount of Each Disbursement this Period 100.00
City Boynton Beach State FL Zip Code 33436	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeanne Shaheen For Senate</b>		<b>Transaction ID:</b> SB23-113257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Beverly Hannon 6049 180th Avenue		Amount of Each Disbursement this Period 15.00
City Anamosa State IA Zip Code 52205	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Niki Tsongas Committee</b>		<b>Transaction ID:</b> SB23-113261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address Thomas Madden 9130 Kedvale Avenue		Amount of Each Disbursement this Period 250.00
City Skokie State IL Zip Code 60076	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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	365.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 377 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christie P Roberts</b>		<b>Transaction ID:</b> SB23-113140 <b>Date of Disbursement</b> 10 / 18 / 2007
Mailing Address 11 Platz Dr		Amount of Each Disbursement this Period 170.00
City Skillman State NJ Zip Code 08558	Category/ Type	
Purpose of Disbursement In Kind Health Insurance		
Candidate Name Thomas Allen		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113450 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address Paula Scholfield 2684 Fox River Ln		Amount of Each Disbursement this Period 50.00
City Naperville State IL Zip Code 60565	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay for Congress</b>		<b>Transaction ID:</b> SB23-113451 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address Martha Bannister 1139 Sunnyside Drive		Amount of Each Disbursement this Period 100.00
City Healdsburg State CA Zip Code 95448	Category/ Type	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 378 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113452 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address Lucy Stanton P.O. Box 950 220 Park Avenue		Amount of Each Disbursement this Period 100.00
City Boca Grande	State FL	
Zip Code 33921		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>B. Melissa Bean for Congress</b>		<b>Transaction ID:</b> SB23-113453 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address Paula Scholfield 2684 Fox River Ln		Amount of Each Disbursement this Period 50.00
City Naperville	State IL	
Zip Code 60565		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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>C. Hillary Clinton for President</b>		<b>Transaction ID:</b> SB23-113454 <b>Date of Disbursement</b> 10 / 25 / 2007
Mailing Address Leah Richter 2 Daniel Drive		Amount of Each Disbursement this Period 25.00
City Englewood	State NJ	
Zip Code 07631		Category/ Type
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Disbursement For: 2008 <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:	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113455 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address: Suzanne Crawford 66 Robins		Amount of Each Disbursement this Period 25.00
City: Robbinston State: ME Zip Code: 04671	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Hillary Clinton for President		<b>Transaction ID:</b> SB23-113456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address: Susan Robinson 2430 215th Avenue Ne		Amount of Each Disbursement this Period 100.00
City: Sammamish State: WA Zip Code: 98075	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Jennings for Congress Recount Fund		<b>Transaction ID:</b> SB23-113457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address: Lucy Stanton P.O. Box 950 220 Park Avenue		Amount of Each Disbursement this Period 100.00
City: Boca Grande State: FL Zip Code: 33921	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 380 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jennings for Congress Recount Fund</b> Full Name (Last, First, Middle Initial) Mailing Address Tresa Schlecht 7810 Ridgewood Drive City Annandale State VA Zip Code 22003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113458</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>B. Pingree for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address Tresa Schlecht 7810 Ridgewood Drive City Annandale State VA Zip Code 22003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: SB23-113459</b> Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>C. Enterprise Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 526 2nd St City Manchester State NH Zip Code 03102 Purpose of Disbursement IK Travel/Accommodation /Meals Candidate Name Nicola Tsongas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MA District: 05 Sp Prim		<b>Transaction ID: SB23-112962-10000</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 284.03 <b>[MEMO ITEM]</b> Incurred prior to 9/4/07
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 381 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Evans Express Mart</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2445 Brown Ave</p> <p>City Manchester State NH Zip Code 03103</p> <p>Purpose of Disbursement IK Travel/Accommodation /Meals</p> <p>Candidate Name Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 05</p>		<p>Transaction ID: SB23-113012-10000</p> <p>Date of Disbursement</p> <p>10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>27.91</p> <p><b>[MEMO ITEM]</b> Incurred prior to 9/4/07</p>
<p>Disbursement For: 2007</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Prim</p>		

<p><b>B. Leo Roy Garage</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 Market Street</p> <p>City Lowell State MA Zip Code 01852</p> <p>Purpose of Disbursement IK Travel/Accommodation /Meals</p> <p>Candidate Name Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 05</p>		<p>Transaction ID: SB23-113012-20000</p> <p>Date of Disbursement</p> <p>10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>19.00</p> <p><b>[MEMO ITEM]</b> Incurred prior to 9/4/07</p>
<p>Disbursement For: 2007</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Prim</p>		

<p><b>C. Brew'd Awakening</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 61 Market Street</p> <p>City Lowell State MA Zip Code 01852</p> <p>Purpose of Disbursement IK Travel/Accommodation /Meals</p> <p>Candidate Name Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 05</p>		<p>Transaction ID: SB23-113012-30000</p> <p>Date of Disbursement</p> <p>10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>5.74</p> <p><b>[MEMO ITEM]</b> Incurred prior to 9/4/07</p>
<p>Disbursement For: 2007</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Prim</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 382 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Andover Gulf</b></p> <p>Full Name (Last, First, Middle Initial) Andover Gulf</p> <p>Mailing Address 65 Main St</p> <p>City Andover State MA Zip Code 01810</p> <p>Purpose of Disbursement IK Travel/Accommodation /Meals</p> <p>Candidate Name Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Prim</p>		<p><b>Transaction ID:</b> SB23-113012-40000</p> <p>Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 32.20</p> <p><b>[MEMO ITEM]</b> Incurred prior to 9/4/07</p>
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<p><b>B. David McGonagle</b></p> <p>Full Name (Last, First, Middle Initial) David McGonagle</p> <p>Mailing Address 4857 Battery Lane Apt #506</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement In-Kind Travel/Accommodations</p> <p>Candidate Name Nicola Tsongas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Prim</p>		<p><b>Transaction ID:</b> SB2369640</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 151.46</p> <p><b>[MEMO ITEM]</b> MEMO(Incurred)</p>
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<p><b>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Phyllis Pennell 307 Spencer Dr</p> <p>City Amherst State MA Zip Code 01002</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980266</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 383 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 2980264 Date of Disbursement 10 / 06 / 2007
Mailing Address Susan Katz 6230 Wilshire Blvd. #2080		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90048	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 2980265 Date of Disbursement 10 / 02 / 2007
Mailing Address June Gable 2327 67th Avenue		Amount of Each Disbursement this Period 25.00
City Sacramento State CA Zip Code 95822	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980388 Date of Disbursement 10 / 17 / 2007
Mailing Address Helen Gjessing P.O. Box 301844		Amount of Each Disbursement this Period 200.00
City St. Thomas State VI Zip Code 00803	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 384 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Harriet Naughton 317 Spencer Drive 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980364</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Ronnie Leavitt 143 Twin Hills Drive City Long Meadow State MA Zip Code 01106 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980325</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Diane Temple 32 Blood Street City Pepperell State MA Zip Code 01463 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980302</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 385 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Alden Vaughan 50 Howland Terrace City Worcester State MA Zip Code 01602 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980290</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Anne Boas 12 Lake Street City Natick State MA Zip Code 01760 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980285</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Payson 5 Bancroft Way # 189 City Hamilton State MA Zip Code 01982 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980278</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Betsy Weaver 3 Storey Place City: Jamaica Plain State: MA Zip Code: 02130 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980343</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Ives 130D Seminary Ave City: Auburndale State: MA Zip Code: 02466 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980342</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Guttman 178 Beethoven Avenue City: Waban State: MA Zip Code: 02468 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980304</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 387 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Victor Mailey 163 River Road City New Bedford State MA Zip Code 02745 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980362</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Chase PO Box 311 City Andover State NH Zip Code 03216 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980306</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Maxine Kumin 40 Harriman Lane City Warner State NH Zip Code 03278 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980275</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 388 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980345 Date of Disbursement 10 / 17 / 2007
Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980284 Date of Disbursement 10 / 24 / 2007
Mailing Address Daphne Wall P.O. Box 1116		Amount of Each Disbursement this Period 100.00
City North Conway State NH Zip Code 03860	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980353 Date of Disbursement 10 / 03 / 2007
Mailing Address Sandra Carr PO Box 223		Amount of Each Disbursement this Period 100.00
City Silver Lake State NH Zip Code 03875	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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) <b>A. Chellie Pingree</b>		Transaction ID: 2980293 Date of Disbursement 10 / 02 / 2007
Mailing Address Martha Potter 100 Village Green Drive		Amount of Each Disbursement this Period 50.00
City Kittery	State ME	
Zip Code 03904		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980403 Date of Disbursement 10 / 26 / 2007
Mailing Address Laura Lane-Reticker 61 W Marginal Road		Amount of Each Disbursement this Period 100.00
City Brunswick	State ME	
Zip Code 04011		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980308 Date of Disbursement 10 / 12 / 2007
Mailing Address Anna Lidman 37 Brookview Terrace		Amount of Each Disbursement this Period 150.00
City Portland	State ME	
Zip Code 04102		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 390 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980330 Date of Disbursement 10 / 10 / 2007
Mailing Address Dauna Binder 50 Mabel St		Amount of Each Disbursement this Period 25.00
City Portland State ME Zip Code 04103	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980358 Date of Disbursement 10 / 19 / 2007
Mailing Address Virginia Riddiford 1562 Rte. 129		Amount of Each Disbursement this Period 300.00
City South Bristol State ME Zip Code 04568	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980381 Date of Disbursement 10 / 02 / 2007
Mailing Address Cheryl Wilfong 314 Partridge Road		Amount of Each Disbursement this Period 100.00
City E Dummerston State VT Zip Code 05346	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 391 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980372 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Schumann P.O. Box 813 City Madison State CT Zip Code 06443 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980282 Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Estelle Meislich 2150 Center Avenue City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980400 Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 392 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Virginia Ritchie 276 Merion Avenue</p> <p>City Haddonfield State NJ Zip Code 08033</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: 2980312</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Linda Rosanio 12 Hidden Acres Drive</p> <p>City Voorhees State NJ Zip Code 08043</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: 2980368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dortha Marquis 124 Marshall Corner Woodsville</p> <p>City Hopewell State NJ Zip Code 08525</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: 2980341</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 393 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sallie Gouverneur 10 bleecker street</p> <p>City New York State NY Zip Code 10012</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: 2980286</p> <p>Date of Disbursement</p> <p>10 / 06 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Robert Kolodny 64 W 89 Street</p> <p>City New York State NY Zip Code 10024</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: 2980374</p> <p>Date of Disbursement</p> <p>10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Marsha Charney 411 W. End Avenue #12A</p> <p>City New York State NY Zip Code 10024</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: 2980408</p> <p>Date of Disbursement</p> <p>10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>30.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 394 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Wender 115 E 67th Street #6C City: New York State: NY Zip Code: 10065 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980411</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Morton Kaminsky 2925 Matthews Avenue City: Bronx State: NY Zip Code: 10467 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980315</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Tatiana Lowe 100 Clinton Road City: Bedford Hills State: NY Zip Code: 10507 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980307</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 395 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980347</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Karen Blumenthal 7 High Point Lane</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City Scarsdale State NY Zip Code 10583</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980344</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Margaret Coltrera 69 Willow Street</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City Brooklyn State NY Zip Code 11201</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980356</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Estelle Sealine 120 Atlantic Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>
<p>City Long Beach State NY Zip Code 11561</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 396 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Marcia Gold 3 Eton Road City: Rockville Centre State: NY Zip Code: 11570 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980413</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980395</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Leah Horwitz 305 Savage Farm Drive City: Ithaca State: NY Zip Code: 14850 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980367</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 397 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Marjorie Seward 435 Martin Terrace</p> <p>City State College State PA Zip Code 16803</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: 2980287</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Robert Schnure 1212 Kirkland Village Circle</p> <p>City Bethlehem State PA Zip Code 18017</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: 2980280</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Susan Davis 791 College Avenue # 2</p> <p>City Haverford State PA Zip Code 19041</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: 2980273</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 398 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980296</p> <p>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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	7													
<p>Mailing Address Anita Gratwick 536 W. Springfield Avenue</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																						
<p>City Philadelphia State PA Zip Code 19118</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980348</p> <p>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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	7													
<p>Mailing Address Eugene Hildreth 2000 Cambridge Avenue</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																						
<p>City Wyomissing State PA Zip Code 19610</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980272</p> <p>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>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	7													
<p>Mailing Address Kirsten Nathanson 1001 Pennsylvania Avenue NW</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00																			
50.00																						
<p>City Washington State DC Zip Code 20004</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE 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 399 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980363 Date of Disbursement 10 / 17 / 2007
Mailing Address Alison Steadman 2960 Newark Street, N.W.		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		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980354 Date of Disbursement 10 / 19 / 2007
Mailing Address Lucinda Emmet 40040 Little Oatlands Ln		Amount of Each Disbursement this Period 200.00
City Leesburg	State VA	
Zip Code 20175		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980297 Date of Disbursement 10 / 12 / 2007
Mailing Address Mary Swift 33195 Millville Road		Amount of Each Disbursement this Period 250.00
City Upperville	State VA	
Zip Code 20184		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 400 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980412</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address: Joan Baer 11329 French Horn Lane</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City: Reston State: VA Zip Code: 20191</p>	<p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: <input type="text"/></p> <p>Category/Type: <input type="text"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980311</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address: Barbara Stowe 11507 Woodstock Way</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City: Reston State: VA Zip Code: 20194</p>	<p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: <input type="text"/></p> <p>Category/Type: <input type="text"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980320</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address: Dorothy White 6100 Westchester Park Drive</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City: College Park State: MD Zip Code: 20740</p>	<p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: <input type="text"/></p> <p>Category/Type: <input type="text"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 401 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address William Sweeney 1538 East West Hwy City Silver Spring State MD Zip Code 20910 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980323</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Platt 807 N. Howard 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980318</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Carola Haas 4462 Sidney Church Road City River State VA Zip Code 24149 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980355</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 402 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Scales 1800 Greenbrier Road City Winston Salem State NC Zip Code 27104 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980359</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Jeanette Falk 275 Sweet Bay Pl City Carrboro State NC Zip Code 27510 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980398</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Lydia Wegman 5704 Cascade Drive City Chapel Hill State NC Zip Code 27514 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980406</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 403 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Campbell PO Box 336 City Union Mills State NC Zip Code 28167 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980391</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Moxon 31 Joseph Walker Drive City West Columbia State SC Zip Code 29169 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980401</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Ethel Brody 19 Quinine Hill City Columbia State SC Zip Code 29204 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980350</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 404 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Ruth Schmidt 2 Wimberly Court</p> <p>City Decatur State GA Zip Code 30030</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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980386</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Judith Feldstein 425 Wembley Circle</p> <p>City Atlanta State GA Zip Code 30328</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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980384</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Anne Ramsay 20 South 19th St</p> <p>City Fernandina Beach State FL Zip Code 32034</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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980299</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 405 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Roxane Bleiweis 4141 NW 37th Terrace</p> <p>City Gainsville State FL Zip Code 32606</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: 2980340</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Deborah Huba 660 Amor Drive</p> <p>City Cocoa State FL Zip Code 32927</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: 2980292</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Kathleen Brown 4005 Johnson Street</p> <p>City Hollywood State FL Zip Code 33021</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: 2980329</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 406 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980313 Date of Disbursement 10 / 09 / 2007
Mailing Address Gail Silverman 9 Island Avenue, Apt. 1814		Amount of Each Disbursement this Period 100.00
City Miami Beach	State FL	
Zip Code 33139		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980404 Date of Disbursement 10 / 17 / 2007
Mailing Address Matilde Lao 3000 Coral Way		Amount of Each Disbursement this Period 75.00
City Coral Gables	State FL	
Zip Code 33145		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980288 Date of Disbursement 10 / 10 / 2007
Mailing Address Ruth Tupler 6570 S.W. 47th Court		Amount of Each Disbursement this Period 100.00
City Ft. Lauderdale	State FL	
Zip Code 33314		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 407 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Eleanor Weinstock 525 South Flagler Drive</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City West Palm Beach State FL Zip Code 33401</p>	<p><b>[MEMO ITEM]</b> MEMO</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980300</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Verne VanBeynum 419 Eagleton Cove Way</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City West Palm Beach State FL Zip Code 33418</p>	<p><b>[MEMO ITEM]</b> MEMO</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980380</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Ruth Block 500 SE Mizner Blvd</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City Boca Raton State FL Zip Code 33432</p>	<p><b>[MEMO ITEM]</b> MEMO</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 408 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980310 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Margaret Middleton 4107 Colle Drive		Amount of Each Disbursement this Period 50.00
City Lake Worth	State FL	
Zip Code 33461		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980361 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Ruth Talley 1302 Anglers Lane		Amount of Each Disbursement this Period 100.00
City Lutz	State FL	
Zip Code 33548		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980410 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Philip Wright 1127 James Blvd		Amount of Each Disbursement this Period 50.00
City Signal Mtn	State TN	
Zip Code 37377		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 409 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Alex Craig 2265 Scottwood Avenue City Toledo State OH Zip Code 43620 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980327</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Goldstein 2100 North Salisbury Street City West Lafayette State IN Zip Code 47906 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980328</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Leonor McAlpine 130 West Parkhurst City Detroit State MI Zip Code 48203 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980283</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 410 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Moorhouse 632 Rolling Rock Rd 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980294</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Patterson 4358 Dell Rd Apt B City: Lansing State: MI Zip Code: 48911 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980333</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address: Andrea Mazzone 1423 W. Maple Avenue City: Kalamazoo State: MI Zip Code: 49008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980385</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lillian Fencl 2492 Lakeshore Drive</p> <p>City Fennville State MI Zip Code 49408</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: 2980334</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Shirley Borud 2047 Hunter's Ridge Drive</p> <p>City Mason City State IA Zip Code 50401</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: 2980370</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Eleanor Crownfield 1100 Grove Street, Apt. 17</p> <p>City Cedar Falls State IA Zip Code 50613</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: 2980390</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 412 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Sarah Paulson 416 N. Linn Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980365</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Warren Hagstrom 916 Shorewood Blvd. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980392</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Joyce Solo 100 Dublin Road Apt. 2224 City Mankato State MN Zip Code 56001 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980339</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 413 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980369 Date of Disbursement 10 / 15 / 2007
Mailing Address Helen Moshak 5010 Louise Street		Amount of Each Disbursement this Period 50.00
City Skokie	State IL	
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:	Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980303 Date of Disbursement 10 / 02 / 2007
Mailing Address Robert Schwartz 2753 W. Bonnie Brook Lane		Amount of Each Disbursement this Period 50.00
City Waukegan	State IL	
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:	Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980301 Date of Disbursement 10 / 26 / 2007
Mailing Address Elisabeth Muhlenberg 615 S. Kenilworth Avenue		Amount of Each Disbursement this Period 50.00
City Oak Park	State IL	
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:	SUBTOTAL of Disbursements This Page (optional) ..... ▶

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE 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 414 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980270 Date of Disbursement 10 / 05 / 2007
Mailing Address Floride Kidder 12616 W. Crescent Drive		Amount of Each Disbursement this Period 250.00
City Dunlap	State IL	
Zip Code 61525		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980319 Date of Disbursement 10 / 10 / 2007
Mailing Address Ann Craig 1715 Catherine Court		Amount of Each Disbursement this Period 25.00
City Spanish Lake	State MO	
Zip Code 63138		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980357 Date of Disbursement 10 / 03 / 2007
Mailing Address Thelma Taylor 3018 Riverview Road		Amount of Each Disbursement this Period 25.00
City Lawrence	State KS	
Zip Code 66049		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 415 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980269</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address <b>Mary McGuire</b> 840 Kings Highway</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71104</b></p>	<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980305</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address <b>Marie Steen</b> 432 Ashington Drive</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p>
<p>City <b>Mountain Home</b> State <b>AR</b> Zip Code <b>72653</b></p>	<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2980409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address <b>Mary Gaggino</b> PO Box 685</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City <b>Throckmorton</b> State <b>TX</b> Zip Code <b>76483</b></p>	<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 416 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980393 Date of Disbursement 10 / 03 / 2007
Mailing Address Helen Spear 2615 Pecos Street		Amount of Each Disbursement this Period 50.00
City Austin	State TX	
Zip Code 78703		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980281 Date of Disbursement 10 / 03 / 2007
Mailing Address John Velz 809 W. 32nd Street		Amount of Each Disbursement this Period 100.00
City Austin	State TX	
Zip Code 78705		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980396 Date of Disbursement 10 / 19 / 2007
Mailing Address William Pesetski 4406 88th Street		Amount of Each Disbursement this Period 5.00
City Lubbock	State TX	
Zip Code 79424		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Melinda Reed 3671 Ward Road</p> <p>City Wheat Ridge State CO Zip Code 80033</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: 2980387</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Elizabeth Rave 4599 W. 36th Place, Unit 7</p> <p>City Denver State CO Zip Code 80212</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: 2980336</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lise Menn 1625 Mariposa Avenue</p> <p>City Boulder State CO Zip Code 80302</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: 2980332</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980407 Date of Disbursement 10 / 03 / 2007
Mailing Address Nancy Munroe 2355 E. Miraval Segundo		Amount of Each Disbursement this Period 500.00
City Tucson State AZ Zip Code 85718	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980383 Date of Disbursement 10 / 02 / 2007
Mailing Address David Okrent 439 Veteran Avenue		Amount of Each Disbursement this Period 25.00
City Los Angeles State CA Zip Code 90024	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980397 Date of Disbursement 10 / 06 / 2007
Mailing Address Susan Katz 6230 Wilshire Blvd. #2080		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90048	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 419 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980373 Date of Disbursement 10 / 23 / 2007
Mailing Address Eva Shaye 2405 Briarcrest Road		Amount of Each Disbursement this Period 250.00
City Beverly Hills	State CA	
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:	Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980314 Date of Disbursement 10 / 01 / 2007
Mailing Address Joanne Hollingsworth 607 Gould Terrace		Amount of Each Disbursement this Period 50.00
City Hermosa Beach	State CA	
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:	Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980271 Date of Disbursement 10 / 03 / 2007
Mailing Address Fannie Fishlyn 1530 5th Street, Apt. 604		Amount of Each Disbursement this Period 25.00
City Santa Monica	State CA	
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:	SUBTOTAL of Disbursements This Page (optional) ..... ▶

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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PAGE 420 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980349 Date of Disbursement 10 / 05 / 2007
Mailing Address Chanin Bradshaw 17300 Ballinger Street		Amount of Each Disbursement this Period 50.00
City Northridge	State CA	
Zip Code 91325		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980414 Date of Disbursement 10 / 04 / 2007
Mailing Address Reva Biers 4631 Ellenita Ave		Amount of Each Disbursement this Period 25.00
City Tarzana	State CA	
Zip Code 91356		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980375 Date of Disbursement 10 / 10 / 2007
Mailing Address Elsie Sweeney 21775 Woodland Crest Drive		Amount of Each Disbursement this Period 25.00
City Woodland Hls	State CA	
Zip Code 91364		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 421 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Marylouise Stafford 900 E Harrison Avenue, H 4 City Pomona State CA Zip Code 91767 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980360</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Marla Jensen 1615 Bittern Ct. City Carlsbad State CA Zip Code 92011 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980366</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Chellie Pingree</b> Full Name (Last, First, Middle Initial) Mailing Address Marilyn Urquidi PO Box 1296 City Solana Beach State CA Zip Code 92075 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980351</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 422 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980326 Date of Disbursement 10 / 02 / 2007
Mailing Address Sally Rumbaugh 6353 Caminito Del Pastel		Amount of Each Disbursement this Period 50.00
City San Diego State CA Zip Code 92111	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980371 Date of Disbursement 10 / 04 / 2007
Mailing Address Barbara Lehar 3005 Stockett Way		Amount of Each Disbursement this Period 100.00
City San Diego State CA Zip Code 92117	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980317 Date of Disbursement 10 / 09 / 2007
Mailing Address Linda Bailey P.O. Box 878		Amount of Each Disbursement this Period 25.00
City Morongo Valley State CA Zip Code 92256	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 423 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Eileen Tsai 2 Falling Leaf</p> <p>City Irvine State CA Zip Code 92612</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: 2980379</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Richard Wilson 5202 Loyola Avenue</p> <p>City Westminster State CA Zip Code 92683</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: 2980337</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Thompson 1435 Crestline Dr</p> <p>City Santa Barbara State CA Zip Code 93105</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: 2980376</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 424 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980295 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Bernice Crooks 253 Moreton Bay Lane		Amount of Each Disbursement this Period 50.00
City Goleta State CA Zip Code 93117	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980324 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Barbara Crain 2905 Bliss Avenue		Amount of Each Disbursement this Period 100.00
City Clovis State CA Zip Code 93611	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980277 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Sue Lindner 392 Sylvan Avenue		Amount of Each Disbursement this Period 100.00
City Mountain View State CA Zip Code 94041	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 425 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Janet Harrison 1905 Newman Place</p> <p>City Mountain View State CA Zip Code 94043</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: 2980352</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Janet Hofmann 3889 Harvest Drive</p> <p>City Redwood City State CA Zip Code 94061</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: 2980322</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Jacqueline Dawley 1301 Eugenia Ave.</p> <p>City San Francisco State CA Zip Code 94110</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: 2980276</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 426 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Byron Bray 56 Alma Street</p> <p>City San Francisco State CA Zip Code 94117</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: 2980298</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dorothy Knecht 17 Bret Harte Terrace</p> <p>City San Francisco State CA Zip Code 94133</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: 2980335</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Vincent Piantanida P.O. Box 883431</p> <p>City San Francisco State CA Zip Code 94188</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: 2980274</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 427 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980309 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Joseph McDonough 2150 Cowper Street		Amount of Each Disbursement this Period 100.00
City Palo Alto State CA Zip Code 94301	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980389 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Richard Lyman 850 Webster Street		Amount of Each Disbursement this Period 100.00
City Palo Alto State CA Zip Code 94301	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980394 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Dora Goldstein 620 Sand Hill Road #120D		Amount of Each Disbursement this Period 100.00
City Palo Alto State CA Zip Code 94304	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 428 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980331 Date of Disbursement 10 / 02 / 2007
Mailing Address Charlotte Lowrey 4838 Oscar Court		Amount of Each Disbursement this Period 100.00
City Fremont	State CA	
Zip Code 94538		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980402 Date of Disbursement 10 / 22 / 2007
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980291 Date of Disbursement 10 / 05 / 2007
Mailing Address Madeline Mixer 76 Bonnie Lane		Amount of Each Disbursement this Period 250.00
City Berkeley	State CA	
Zip Code 94708		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 429 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980279 Date of Disbursement 10 / 02 / 2007
Mailing Address Leslie Andrews 905 3rd Street		Amount of Each Disbursement this Period 25.00
City Santa Cruz	State CA	
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:	Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980405 Date of Disbursement 10 / 12 / 2007
Mailing Address Janice Sakai 15825 Apollo Heights Court		Amount of Each Disbursement this Period 100.00
City Saratoga	State CA	
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:	Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980268 Date of Disbursement 10 / 09 / 2007
Mailing Address Phyllis Broyles P.O. Box 2216		Amount of Each Disbursement this Period 40.00
City McKinleyville	State CA	
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:	SUBTOTAL of Disbursements This Page (optional) ..... ▶

SUBTOTAL of Disbursements This Page (optional) ..... ▶		0.00
TOTAL This Period (last page this line number only) ..... ▶		

**SCHEDULE 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 430 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980382 Date of Disbursement 10 / 05 / 2007
Mailing Address Aldisa Gunnell 3052 Prado Lane		Amount of Each Disbursement this Period 50.00
City Davis State CA Zip Code 95618	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980321 Date of Disbursement 10 / 22 / 2007
Mailing Address Jack Estes 1367 E Lindo Ave # 1A		Amount of Each Disbursement this Period 100.00
City Chico State CA Zip Code 95926	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980289 Date of Disbursement 10 / 02 / 2007
Mailing Address Virginia Aycock-Burr 415 South St Apt 1201		Amount of Each Disbursement this Period 100.00
City Honolulu State HI Zip Code 96813	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 431 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Cammann 1711 SE 41st Avenue</p> <p>City Portland State OR Zip Code 97214</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: 2980378</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Catherine Smith 85316 Coyote Creek Road</p> <p>City Veneta State OR Zip Code 97487</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: 2980377</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Chellie Pingree</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Winson Ewing 4174 Timberline Rd</p> <p>City Clinton State WA Zip Code 98236</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: 2980338</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 432 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chellie Pingree</b>		Transaction ID: 2980267 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Nancy Nordhoff 835 Sixth Street		Amount of Each Disbursement this Period 1000.00
City Langley State WA Zip Code 98260	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chellie Pingree</b>		Transaction ID: 2980316 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Mildred Kellogg 720 Austin Drive		Amount of Each Disbursement this Period 100.00
City West Richland State WA Zip Code 99353	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chellie Pingree</b>		Transaction ID: 2980399 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address June Thomasson 3175 Chinook Drive		Amount of Each Disbursement this Period 50.00
City Fairbanks State AK Zip Code 99709	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980559 Date of Disbursement 10 / 17 / 2007
Mailing Address Helen Gjessing P.O. Box 301844		Amount of Each Disbursement this Period 200.00
City St. Thomas	State VI	
Zip Code 00803		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980514 Date of Disbursement 10 / 10 / 2007
Mailing Address Susan Cramer 25 Autumn Lane		Amount of Each Disbursement this Period 200.00
City Amherst	State MA	
Zip Code 01002		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980576 Date of Disbursement 10 / 04 / 2007
Mailing Address Harriet Naughton 317 Spencer Drive		Amount of Each Disbursement this Period 50.00
City Amherst	State MA	
Zip Code 01002		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 434 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anne Barstow PO Box 531 City Sheffield State MA Zip Code 01257 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980502</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Fisher P.O. Box 349 City West Stockbridge State MA Zip Code 01266 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980593</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Diane Temple 32 Blood Street City Pepperell State MA Zip Code 01463 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980571</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 435 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980455 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Michael Simpson 10 Somerset Place		Amount of Each Disbursement this Period 500.00
City Wilmington State MA Zip Code 01887	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980434 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Miriam Truslow 4 Hawthorn Street		Amount of Each Disbursement this Period 100.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980556 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Lucy Stroock 55 Frost St.		Amount of Each Disbursement this Period 250.00
City Cambridge State MA Zip Code 02140	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 436 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Guttman 178 Beethoven Avenue City: Waban State: MA Zip Code: 02468 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980541</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Burkhardt 94 New Road City: Salisbury State: NH Zip Code: 03268 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980577</b> Date of Disbursement: 10 / 01 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Behrle P.O. Box 437 City: Granham State: NH Zip Code: 03753 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980551</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 437 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980453 Date of Disbursement 10 / 17 / 2007
Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980422 Date of Disbursement 10 / 02 / 2007
Mailing Address Martha Potter 100 Village Green Drive		Amount of Each Disbursement this Period 50.00
City Kittery State ME Zip Code 03904	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980507 Date of Disbursement 10 / 26 / 2007
Mailing Address Laura Lane-Reticker 61 W Marginal Road		Amount of Each Disbursement this Period 100.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
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PAGE 438 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Carol Edmunds 308 Silver St City Bennington State VT Zip Code 05201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980585</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Cheryl Wilfong 314 Partridge Road City E Dummerston State VT Zip Code 05346 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980546</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Robert Schumann P.O. Box 813 City Madison State CT Zip Code 06443 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980564</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 439 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980572 Date of Disbursement 10 / 17 / 2007
Mailing Address Barbara King 30 Old Mount Tom Road		Amount of Each Disbursement this Period 50.00
City Bantam	State CT	
Zip Code 06750		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980457 Date of Disbursement 10 / 18 / 2007
Mailing Address Emily Uhl 3389 Meadow Ridge		Amount of Each Disbursement this Period 50.00
City Redding	State CT	
Zip Code 06896		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980520 Date of Disbursement 10 / 26 / 2007
Mailing Address Paula Kurasch 99 Gutzon Borglum Road		Amount of Each Disbursement this Period 50.00
City Stamford	State CT	
Zip Code 06903		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 440 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980523 Date of Disbursement 10 / 19 / 2007
Mailing Address Estelle Meislich 2150 Center Avenue		Amount of Each Disbursement this Period 100.00
City Fort Lee State NJ Zip Code 07024	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980611 Date of Disbursement 10 / 09 / 2007
Mailing Address Patricia Kenschaf 56 Gordonhurst Avenue		Amount of Each Disbursement this Period 250.00
City Upper Montclair State NJ Zip Code 07043	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980518 Date of Disbursement 10 / 19 / 2007
Mailing Address Elizabeth Cayer 1080 Rahway Road		Amount of Each Disbursement this Period 100.00
City Plainfield State NJ Zip Code 07060	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 441 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980522 Date of Disbursement 10 / 02 / 2007
Mailing Address Shirley Shapiro 252 Highwood Ave		Amount of Each Disbursement this Period 100.00
City Tenafly State NJ Zip Code 07670	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980614 Date of Disbursement 10 / 09 / 2007
Mailing Address Virginia Ritchie 276 Merion Avenue		Amount of Each Disbursement this Period 25.00
City Haddonfield State NJ Zip Code 08033	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980462 Date of Disbursement 10 / 09 / 2007
Mailing Address Linda Rosario 12 Hidden Acres Drive		Amount of Each Disbursement this Period 250.00
City Voorhees State NJ Zip Code 08043	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 442 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980451 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address Wendy Benchley 35 Boudinot Street		Amount of Each Disbursement this Period 250.00
City Princeton State NJ Zip Code 08540	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980581 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Margaret Kruse PO Box 1577		Amount of Each Disbursement this Period 100.00
City Piscataway State NJ Zip Code 08855	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980504 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address Sallie Gouverneur 10 bleecker street		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10012	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 443 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980505 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Elaine Marshack 4 Washingtqn Square Vlg		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10012	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980499 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Hilde Grey 11 Riverside Drive, Apt. 16FW		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10023	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980415 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Marsha Charney 411 W. End Avenue #12A		Amount of Each Disbursement this Period 30.00
City New York State NY Zip Code 10024	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 444 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980511 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address Robert Kolodny 64 W 89 Street		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10024	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980510 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Mary Samuels 775 Park Avenue		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10065	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980587 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Phyllis Wender 115 E 67th Street #6C		Amount of Each Disbursement this Period 200.00
City New York State NY Zip Code 10065	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 445 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980620 Date of Disbursement 10 / 10 / 2007
Mailing Address Susan Seidel 425 East 63rd Street		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10065	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980445 Date of Disbursement 10 / 10 / 2007
Mailing Address Morton Kaminsky 2925 Matthews Avenue		Amount of Each Disbursement this Period 100.00
City Bronx State NY Zip Code 10467	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980478 Date of Disbursement 10 / 02 / 2007
Mailing Address A. Eiseman 140 Woodbrook Road		Amount of Each Disbursement this Period 50.00
City White Plains State NY Zip Code 10605	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 446 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Amy Schwartz 5 Mirrielees Circle</p> <p>City Great Neck State NY Zip Code 11021</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: 2980483</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Margaret Coltrera 69 Willow Street</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>Transaction ID: 2980569</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Marcia Gold 3 Eton Road</p> <p>City Rockville Centre State NY Zip Code 11570</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: 2980466</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 447 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Marilyn Kopp 3 Hilaire Drive City Huntington State NY Zip Code 11743 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980467</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Pat McCormack 442 N. Newbridge Road City Levittown State NY Zip Code 11756 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980601</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Michelle Smith 3537 Stratford Road City Wantagh State NY Zip Code 11793 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980448</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 448 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980558</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Nancy Dickinson 202 Wall Street City Corning State NY Zip Code 14830 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980603</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Patricia Miller 6015 Wellesley Avenue City Pittsburgh State PA Zip Code 15206 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980428</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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(check only one)

PAGE 449 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980459 Date of Disbursement 10 / 10 / 2007
Mailing Address Carole Markus 112 Cardiff Road		Amount of Each Disbursement this Period 250.00
City Pittsburgh State PA Zip Code 15237	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980619 Date of Disbursement 10 / 05 / 2007
Mailing Address Marjorie Seward 435 Martin Terrace		Amount of Each Disbursement this Period 50.00
City State College State PA Zip Code 16803	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980516 Date of Disbursement 10 / 18 / 2007
Mailing Address Robert Schnure 1212 Kirkland Village Circle		Amount of Each Disbursement this Period 50.00
City Bethlehem State PA Zip Code 18017	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

PAGE 450 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Christine Jennings Contributions</p>		<p><b>Transaction ID:</b> 2980580</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address</p> <p>Marina Angel 220 Locust Street #15D</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City</p> <p>Philadelphia</p>	<p>State</p> <p>PA</p>	
<p>Zip Code</p> <p>19106</p>		<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Purpose of Disbursement</p> <p>Candidate Contrib Earmarked</p>		
<p>Candidate Name</p>		<p>Category/Type</p>
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Christine Jennings Contributions</p>		<p><b>Transaction ID:</b> 2980604</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address</p> <p>Eugene Hildreth 2000 Cambridge Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City</p> <p>Wyomissing</p>	<p>State</p> <p>PA</p>	
<p>Zip Code</p> <p>19610</p>		<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Purpose of Disbursement</p> <p>Candidate Contrib Earmarked</p>		
<p>Candidate Name</p>		<p>Category/Type</p>
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Christine Jennings Contributions</p>		<p><b>Transaction ID:</b> 2980599</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address</p> <p>Kirsten Nathanson 1001 Pennsylvania Avenue NW</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City</p> <p>Washington</p>	<p>State</p> <p>DC</p>	
<p>Zip Code</p> <p>20004</p>		<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Purpose of Disbursement</p> <p>Candidate Contrib Earmarked</p>		
<p>Candidate Name</p>		<p>Category/Type</p>
<p>Office Sought:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State:</p>	<p>District:</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980473 Date of Disbursement 10 / 30 / 2007
Mailing Address Arthur Lazarus 3201 Fessenden Street, N.W.		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20008	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980553 Date of Disbursement 10 / 22 / 2007
Mailing Address Shana Lynngood 311 Rock Creek Church Rd. NW		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20011	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980532 Date of Disbursement 10 / 19 / 2007
Mailing Address Lucinda Emmet 40040 Little Oatlands Ln		Amount of Each Disbursement this Period 200.00
City Leesburg State VA Zip Code 20175	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 452 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980463 Date of Disbursement 10 / 12 / 2007
Mailing Address Mary Swift 33195 Millville Road		Amount of Each Disbursement this Period 250.00
City Upperville State VA Zip Code 20184	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980418 Date of Disbursement 10 / 26 / 2007
Mailing Address Sandra McGann 40955 Delabrooke Road		Amount of Each Disbursement this Period 25.00
City Mechanicsville State MD Zip Code 20659	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980613 Date of Disbursement 10 / 04 / 2007
Mailing Address Jane Hammer 10450 Lottsford Road		Amount of Each Disbursement this Period 100.00
City Mitchellville State MD Zip Code 20721	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 453 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Dorothy White 6100 Westchester Park Drive City College Park State MD Zip Code 20740 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980474</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Linda Zenick 5500 Friendship Blvd. 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980595</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Rebekah Sims 6707 Broxburn 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980543</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 454 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980417 Date of Disbursement 10 / 09 / 2007
Mailing Address Jayne Greene 11 Laird Street		Amount of Each Disbursement this Period 100.00
City Rockville State MD Zip Code 20850	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980550 Date of Disbursement 10 / 12 / 2007
Mailing Address Victoria Perkins 11000 Huntover Drive		Amount of Each Disbursement this Period 250.00
City Rockville State MD Zip Code 20852	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980534 Date of Disbursement 10 / 01 / 2007
Mailing Address Lisa Hack 123 Northwood Ave		Amount of Each Disbursement this Period 100.00
City Silver Spring State MD Zip Code 20901	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
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PAGE 455 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980624 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Marilyn Sellman 2 Yearling Way		Amount of Each Disbursement this Period 100.00
City Luthvle Timon State MD Zip Code 21093	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980609 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address Elizabeth Peters 11346 Lorien Court		Amount of Each Disbursement this Period 500.00
City Frederick State MD Zip Code 21701	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980475 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Rilla Whitten P.O. Box 651		Amount of Each Disbursement this Period 50.00
City Ocean City State MD Zip Code 21843	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 456 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Margaret Platt 807 N. Howard 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2980447 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Margaret Ballard 5300 Holmes Run Pky Ph 4 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2980578 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Barbara Eidem 3496 Winding Trail Circle City Virginia Beach State VA Zip Code 23456 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 2980622 Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
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PAGE 457 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980464 Date of Disbursement 10 / 23 / 2007
Mailing Address Karen Campbell PO Box 336		Amount of Each Disbursement this Period 50.00
City Union Mills State NC Zip Code 28167	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980509 Date of Disbursement 10 / 29 / 2007
Mailing Address Sue Phillips P.O. Box 327		Amount of Each Disbursement this Period 50.00
City Cameron State NC Zip Code 28326	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980436 Date of Disbursement 10 / 02 / 2007
Mailing Address John Bernhardt 385 Chunn's Cove Road		Amount of Each Disbursement this Period 250.00
City Asheville State NC Zip Code 28805	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 458 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Ethel Brody 19 Quinine Hill City Columbia State SC Zip Code 29204 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980424</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Natalina Ferlauto 109 Babbs Hollow City Greenville State SC Zip Code 29607 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980557</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address John Gilbert 1 Hermit Crab Ct City Hilton Head State SC Zip Code 29926 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980443</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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PAGE 459 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980568 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Belinda Engelmann 265 High Branch Way		Amount of Each Disbursement this Period 250.00
City Roswell State GA Zip Code 30075	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980618 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address Judith Feldstein 425 Wembley Circle		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30328	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980531 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Elizabeth Frank 646 Canterbury Drive		Amount of Each Disbursement this Period 35.00
City Augusta State GA Zip Code 30909	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 460 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Anne Ramsay 20 South 19th St City Fernandina Beach State FL Zip Code 32034 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980617</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Gwendolyn Murphree 102 Loyola Rd City St Augustine State FL Zip Code 32086 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980626</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Janis Paul P.O. Box 291261 City Port Orange State FL Zip Code 32129 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980479</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 461 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Ann Regan 1535 N Market St</p> <p>City Jacksonville State FL Zip Code 32206</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: 2980526 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Rosemary Hays-Thomas 7998 Lancelot Drive</p> <p>City Pensacola State FL Zip Code 32514</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: 2980437 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Roxane Bleiweis 4141 NW 37th Terrace</p> <p>City Gainesville State FL Zip Code 32606</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: 2980633 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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ITEMIZED DISBURSEMENTS**

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PAGE 462 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980485 Date of Disbursement 10 / 04 / 2007
Mailing Address Deborah Huba 660 Amor Drive		Amount of Each Disbursement this Period 50.00
City Cocoa State FL Zip Code 32927	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980596 Date of Disbursement 10 / 04 / 2007
Mailing Address Elizabeth Whittall 2300 Indian Creek Boulevard		Amount of Each Disbursement this Period 250.00
City Vero Beach State FL Zip Code 32966	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980566 Date of Disbursement 10 / 22 / 2007
Mailing Address Jane Olsen 5132 Saint Davids Drive		Amount of Each Disbursement this Period 100.00
City Vero Beach State FL Zip Code 32967	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
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PAGE 463 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980423 Date of Disbursement 10 / 17 / 2007
Mailing Address Kathleen Brown 4005 Johnson Street		Amount of Each Disbursement this Period 50.00
City Hollywood State FL Zip Code 33021	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980487 Date of Disbursement 10 / 09 / 2007
Mailing Address Gail Silverman 9 Island Avenue, Apt. 1814		Amount of Each Disbursement this Period 250.00
City Miami Beach State FL Zip Code 33139	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980529 Date of Disbursement 10 / 10 / 2007
Mailing Address Priscilla Klomparens 9131 S.W. 19th Street		Amount of Each Disbursement this Period 100.00
City Miami State FL Zip Code 33165	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 464 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Ruth Tupler 6570 S.W. 47th Court</p> <p>City Ft. Lauderdale State FL Zip Code 33314</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980535 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Eleanor Weinstock 525 South Flagler Drive</p> <p>City West Palm Beach State FL Zip Code 33401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980562 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Verne VanBeynum 419 Eagleton Cove Way</p> <p>City West Palm Beach State FL Zip Code 33418</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980628 <b>Date of Disbursement</b> 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> 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)

PAGE 465 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Ruth Block 500 SE Mizner Blvd City Boca Raton State FL Zip Code 33432 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980524</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Belle Levin 21785 Cypress Drive City Boca Raton State FL Zip Code 33433 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980547</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Anita Levitan 386 Eagle Drive City Jupiter State FL Zip Code 33477 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980435</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 466 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Ruth Talley 1302 Anglers Lane</p> <p>City Lutz State FL Zip Code 33548</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: 2980441</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Joan Haverkate 7 Eboe Street</p> <p>City Alva State FL Zip Code 33920</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: 2980560</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Rosalie Goldberg 1241 Gulf of Mexico Drive</p> <p>City Longboat Key State FL Zip Code 34228</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: 2980515</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 467 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Margaret Monaghan PO Box 531175 City Birmingham State AL Zip Code 35253 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980600</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Mary Holdsambeck 3000 Dupree Drive City Huntsville State AL Zip Code 35801 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980496</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Philip Wright 1127 James Blvd City Signal Mtn State TN Zip Code 37377 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980416</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

PAGE 468 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980426 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Emily Schaffner 1890 E 107TH St Apt 810		Amount of Each Disbursement this Period 100.00
City Cleveland	State OH	
Zip Code 44106		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980454 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Alan Chambers 3499 Windisch Avenue		Amount of Each Disbursement this Period 250.00
City Cincinnati	State OH	
Zip Code 45208		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980610 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address Paul Buterbaugh 1208 1/2 Xenia Ave.		Amount of Each Disbursement this Period 25.00
City Yellow Springs	State OH	
Zip Code 45387		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 469 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Helen May 1910 S. Ramsey Drive</p> <p>City Bloomington State IN Zip Code 47401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980420 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Patricia Wheeler 2306 E. Wimpleton Lane</p> <p>City Bloomington State IN Zip Code 47401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980554 <b>Date of Disbursement</b> 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Joan Goldstein 2100 North Salisbury Street</p> <p>City West Lafayette State IN Zip Code 47906</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980494 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 470 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Sally Gutowski 41365 Fortuna Dr E City Clinton Twp State MI Zip Code 48038 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980537</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Jean Andrews 15081 Ford Road Pt. 319 City Dearborn State MI Zip Code 48126 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980491</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Leonor McAlpine 130 West Parkhurst City Detroit State MI Zip Code 48203 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980452</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 471 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Moorhouse 632 Rolling Rock Rd 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980538</b> Date of Disbursement: 10 / 04 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Googasian 3750 Orion Road City: Oakland State: MI Zip Code: 48363 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980442</b> Date of Disbursement: 10 / 17 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Patterson 4358 Dell Rd Apt B City: Lansing State: MI Zip Code: 48911 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980607</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 473 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980498 Date of Disbursement 10 / 12 / 2007
Mailing Address Diane Farage 2541 Oakwood Dr. SE		Amount of Each Disbursement this Period 100.00
City East Grand Rapids State MI Zip Code 49506	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980431 Date of Disbursement 10 / 04 / 2007
Mailing Address Eleanor Crownfield 1100 Grove Street, Apt. 17		Amount of Each Disbursement this Period 30.00
City Cedar Falls State IA Zip Code 50613	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980631 Date of Disbursement 10 / 29 / 2007
Mailing Address Sarah Paulson 416 N. Linn Street		Amount of Each Disbursement this Period 20.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 474 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980512 Date of Disbursement 10 / 02 / 2007
Mailing Address Leora Schuelka 3047 Rutledge Avenue		Amount of Each Disbursement this Period 25.00
City Cedar State IA Zip Code 52543	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980449 Date of Disbursement 10 / 16 / 2007
Mailing Address Mike Goc 1766 Dixie Avenue		Amount of Each Disbursement this Period 50.00
City Friendship State WI Zip Code 53934	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980594 Date of Disbursement 10 / 01 / 2007
Mailing Address Joyce Solo 100 Dublin Road Apt. 2224		Amount of Each Disbursement this Period 50.00
City Mankato State MN Zip Code 56001	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

PAGE 475 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980615 Date of Disbursement 10 / 16 / 2007
Mailing Address Carol Murray 2319 N. Brighton Place		Amount of Each Disbursement this Period 100.00
City Arlington Hts. State IL Zip Code 60004	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980579 Date of Disbursement 10 / 24 / 2007
Mailing Address Joy Silver 1059 W Skylark Drive		Amount of Each Disbursement this Period 100.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980527 Date of Disbursement 10 / 15 / 2007
Mailing Address Helen Moshak 5010 Louise Street		Amount of Each Disbursement this Period 50.00
City Skokie State IL Zip Code 60077	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
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PAGE 476 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980602 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Robert Schwartz 2753 W. Bonnie Brook Lane		Amount of Each Disbursement this Period 50.00
City Waukegan State IL Zip Code 60087	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980625 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Jane Gralen 42 Durham Court		Amount of Each Disbursement this Period 75.00
City Burr Ridge State IL Zip Code 60527	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980419 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Joan Parker 406 N. Clinton Street		Amount of Each Disbursement this Period 100.00
City Chicago State IL Zip Code 60610	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 477 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980480 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Robert Phillips 6625 N. Saint Louise Avenue		Amount of Each Disbursement this Period 50.00
City Lincolnwood State IL Zip Code 60712	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980588 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Floride Kidder 12616 W. Crescent Drive		Amount of Each Disbursement this Period 250.00
City Dunlap State IL Zip Code 61525	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980439 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address Christine Garhart 35 Greendale Dr		Amount of Each Disbursement this Period 25.00
City Saint Louis State MO Zip Code 63121	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 478 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980586 Date of Disbursement 10 / 10 / 2007
Mailing Address Ann Craig 1715 Catherine Court		Amount of Each Disbursement this Period 25.00
City Spanish Lake	State MO	
Purpose of Disbursement Candidate Contrib Earmarked	Zip Code 63138	Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980489 Date of Disbursement 10 / 03 / 2007
Mailing Address Thelma Taylor 3018 Riverview Road		Amount of Each Disbursement this Period 25.00
City Lawrence	State KS	
Purpose of Disbursement Candidate Contrib Earmarked	Zip Code 66049	Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980525 Date of Disbursement 10 / 10 / 2007
Mailing Address Greta Crosby 2150 N. Meridian Avenue		Amount of Each Disbursement this Period 50.00
City Wichita	State KS	
Purpose of Disbursement Candidate Contrib Earmarked	Zip Code 67203	Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 479 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980461 Date of Disbursement 10 / 12 / 2007
Mailing Address Margaret Gannon 6111 Parterre Dr.		Amount of Each Disbursement this Period 15.00
City Baton Rouge State LA Zip Code 70817	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980482 Date of Disbursement 10 / 03 / 2007
Mailing Address Mary McGuire 840 Kings Highway		Amount of Each Disbursement this Period 100.00
City Shreveport State LA Zip Code 71104	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980612 Date of Disbursement 10 / 01 / 2007
Mailing Address Marie Steen 432 Ashington Drive		Amount of Each Disbursement this Period 15.00
City Mountain Home State AR Zip Code 72653	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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PAGE 480 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Constance Jahn 1603 Lee Street</p> <p>City Mesquite State TX Zip Code 75149</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980621 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Julie Lowenberg 5321 Drane Drive</p> <p>City Dallas State TX Zip Code 75209</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980575 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Mary Gaggino PO Box 685</p> <p>City Throckmorton State TX Zip Code 76483</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980605 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 481 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions		<b>Transaction ID:</b> 2980589 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Pauline Edwards-Delaney 4718 Hallmark Drive, # 351		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77056	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions		<b>Transaction ID:</b> 2980513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Sharon Fortmeyer-Selan PO Box 1737		Amount of Each Disbursement this Period 100.00
City Cypress State TX Zip Code 77410	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions		<b>Transaction ID:</b> 2980623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Mervin Rosenbaum 423 Willow Lane		Amount of Each Disbursement this Period 50.00
City Baytown State TX Zip Code 77520	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 482 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Stephanie Ertel 624 Wheless Ave City: Kerrville State: TX Zip Code: 78028 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980490</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kate Koschnieder 252 Northwood Hills Drive City: Fredericksburg State: TX Zip Code: 78624 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980530</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Spear 2615 Pecos Street City: Austin State: TX Zip Code: 78703 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980521</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 483 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address John Velz 809 W. 32nd Street City Austin State TX Zip Code 78705 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980465</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address William Pesetski 4406 88th Street City Lubbock State TX Zip Code 79424 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980433</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Melinda Reed 3671 Ward Road City Wheat Ridge State CO Zip Code 80033 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980563</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 484 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980468 Date of Disbursement 10 / 16 / 2007
Mailing Address Ann Garstang 830 8th Street		Amount of Each Disbursement this Period 50.00
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980488 Date of Disbursement 10 / 16 / 2007
Mailing Address Lise Menn 1625 Mariposa Avenue		Amount of Each Disbursement this Period 25.00
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980440 Date of Disbursement 10 / 04 / 2007
Mailing Address Lori Colina-Lee 205 Galena		Amount of Each Disbursement this Period 100.00
City Bellvue	State CO	
Zip Code 80512		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 485 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Bright Springman 4001 Pinehurst Court City Riverton State WY Zip Code 82501 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980438</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Irene Casper 145 Huckleberry Drive City Jackson State WY Zip Code 83001 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980549</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Merle Peratis 2174 South Main Street City Salt Lake City State UT Zip Code 84115 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980540</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 486 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980544 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Nancy Munroe 2355 E. Miraval Segundo		Amount of Each Disbursement this Period 500.00
City Tucson State AZ Zip Code 85718	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980486 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Mary Lou Tudor 210 E Suntree Street		Amount of Each Disbursement this Period 50.00
City Tucson State AZ Zip Code 85737	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980470 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Janice Baker 2082 Placita de Vida		Amount of Each Disbursement this Period 100.00
City Santa Fe State NM Zip Code 87505	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 487 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Karen Cohen Box 395 City Dixon State NM Zip Code 87527 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980542</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Jill Sengel 2748 Fort Myer Avenue City Henderson State NV Zip Code 89052 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980590</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address David Okrent 439 Veteran Avenue City Los Angeles State CA Zip Code 90024 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980606</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 488 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980484 Date of Disbursement 10 / 06 / 2007
Mailing Address Susan Katz 6230 Wilshire Blvd. #2080		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90048	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980608 Date of Disbursement 10 / 03 / 2007
Mailing Address Mary Lerza 2600 Overland Avenue #101		Amount of Each Disbursement this Period 100.00
City Los Angeles State CA Zip Code 90064	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980492 Date of Disbursement 10 / 29 / 2007
Mailing Address Barbara Bernstein 2456 Angelo Drive		Amount of Each Disbursement this Period 50.00
City Los Angeles State CA Zip Code 90077	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 489 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Eva Shaye 2405 Briarcrest Road</p> <p>City Beverly Hills State CA Zip Code 90210</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: 2980476</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Elizabeth Levitt Hirsch 9951 Kip Drive</p> <p>City Beverly Hills State CA Zip Code 90210</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: 2980555</p> <p>Date of Disbursement 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Chanin Bradshaw 17300 Ballinger Street</p> <p>City Northridge State CA Zip Code 91325</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: 2980456</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 490 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address: Reva Biers 4631 Ellenita Ave City: Tarzana State: CA Zip Code: 91356 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980591</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address: Elsie Sweeney 21775 Woodland Crest Drive City: Woodland Hls State: CA Zip Code: 91364 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980565</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address: Marla Jensen 1615 Bittern Ct. City: Carlsbad State: CA Zip Code: 92011 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980500</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 300.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 491 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marilyn Urquidi PO Box 1296 City Solana Beach State CA Zip Code 92075 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980582</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Rumbaugh 6353 Caminito Del Pastel 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980506</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Lehar 3005 Stockett Way City San Diego State CA Zip Code 92117 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980495</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 492 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Linda Bailey P.O. Box 878</p> <p>City Morongo Valley State CA Zip Code 92256</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: 2980472 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Eileen Tsai 2 Falling Leaf</p> <p>City Irvine State CA Zip Code 92612</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: 2980627 Date of Disbursement 10 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Richard Wilson 5202 Loyola Avenue</p> <p>City Westminster State CA Zip Code 92683</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: 2980630 Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Mary Thompson 1435 Crestline Dr</p> <p>City Santa Barbara State CA Zip Code 93105</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: 2980583</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Patricia Reilly 336 Mohawk Road</p> <p>City Santa Barbara State CA Zip Code 93109</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: 2980460</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Ellen Werback 529 Kevin Court</p> <p>City Ridgecrest State CA Zip Code 93555</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: 2980561</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 494 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980446 Date of Disbursement 10 / 03 / 2007
Mailing Address Barbara Crain 2905 Bliss Avenue		Amount of Each Disbursement this Period 100.00
City Clovis	State CA	
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:	Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980450 Date of Disbursement 10 / 04 / 2007
Mailing Address Jill Morgan 45 Politzer Dr		Amount of Each Disbursement this Period 100.00
City Menlo Park	State CA	
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:	Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980430 Date of Disbursement 10 / 04 / 2007
Mailing Address Sue Lindner 392 Sylvan Avenue		Amount of Each Disbursement this Period 100.00
City Mountain View	State CA	
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:	SUBTOTAL of Disbursements This Page (optional) ..... ▶

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE 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 495 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980421 Date of Disbursement 10 / 02 / 2007
Mailing Address Janet Harrison 1905 Newman Place		Amount of Each Disbursement this Period 100.00
City Mountain View State CA Zip Code 94043	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980432 Date of Disbursement 10 / 29 / 2007
Mailing Address Janet Hofmann 3889 Harvest Drive		Amount of Each Disbursement this Period 100.00
City Redwood City State CA Zip Code 94061	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980444 Date of Disbursement 10 / 09 / 2007
Mailing Address Jacqueline Dawley 1301 Eugenia Ave.		Amount of Each Disbursement this Period 50.00
City San Francisco State CA Zip Code 94110	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 496 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980497 Date of Disbursement 10 / 12 / 2007
Mailing Address Janet Lohr 66 Granada Avenue		Amount of Each Disbursement this Period 35.00
City San Francisco State CA Zip Code 94112	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980536 Date of Disbursement 10 / 04 / 2007
Mailing Address Dorothy Knecht 17 Bret Harte Terrace		Amount of Each Disbursement this Period 500.00
City San Francisco State CA Zip Code 94133	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980567 Date of Disbursement 10 / 02 / 2007
Mailing Address Vincent Piantanida P.O. Box 883431		Amount of Each Disbursement this Period 50.00
City San Francisco State CA Zip Code 94188	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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(check only one)

PAGE 497 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Charlotte Lowrey 4838 Oscar Court</p> <p>City Fremont State CA Zip Code 94538</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: 2980533 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Rita Vandenburg 3972 Amyx Ct</p> <p>City Hayward State CA Zip Code 94542</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: 2980429 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Christine Jennings Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Christine Jennings Contributions</p> <p>Mailing Address Glenda Dugan 199 Los Banos Avenue</p> <p>City Walnut Creek State CA Zip Code 94598</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: 2980634 Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 498 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Olivia Eielson 6817 Colton Boulevard City: Oakland State: CA Zip Code: 94611 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980548</b> Date of Disbursement: 10 / 17 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marilyn Heilman 1020 Miller Ave 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980517</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Madeline Mixer 76 Bonnie Lane 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980616</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 499 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Leslie Andrews 905 3rd Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980503</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Helen Morrison 2959 Burnside Road City Sebastopol State CA Zip Code 95472 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980519</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Phyllis Broyles P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980635</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 500 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980574 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Nora McGuinness 704 Mulberry Lane		Amount of Each Disbursement this Period 25.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980528 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Nell Farr 6501 Brockenhurst Drive		Amount of Each Disbursement this Period 100.00
City Elk Grove State CA Zip Code 95758	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980508 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Wendy Hoyt 2331 Garden Hwy		Amount of Each Disbursement this Period 250.00
City Sacramento State CA Zip Code 95833	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 501 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980597 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address Jack Estes 1367 E Lindo Ave # 1A		Amount of Each Disbursement this Period 100.00
City Chico State CA Zip Code 95926	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980632 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Virginia Aycock-Burr 415 South St Apt 1201		Amount of Each Disbursement this Period 100.00
City Honolulu State HI Zip Code 96813	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980469 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Mary Cammann 1711 SE 41st Avenue		Amount of Each Disbursement this Period 50.00
City Portland State OR Zip Code 97214	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 502 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980545 Date of Disbursement 10 / 04 / 2007
Mailing Address Julie Thomson 3135 NW Circle A Drive		Amount of Each Disbursement this Period 100.00
City Portland State OR Zip Code 97229	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980481 Date of Disbursement 10 / 17 / 2007
Mailing Address Catherine Smith 85316 Coyote Creek Road		Amount of Each Disbursement this Period 250.00
City Veneta State OR Zip Code 97487	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980493 Date of Disbursement 10 / 22 / 2007
Mailing Address Mary Hill 1620 Meadowview Drive		Amount of Each Disbursement this Period 50.00
City Medford State OR Zip Code 97504	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 503 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980552 Date of Disbursement 10 / 17 / 2007
Mailing Address Dorothy Bell 14431 Redmond Way #309		Amount of Each Disbursement this Period 50.00
City Redmond State WA Zip Code 98052	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980425 Date of Disbursement 10 / 03 / 2007
Mailing Address Virginia Rankin 1222 NE 100th Street		Amount of Each Disbursement this Period 100.00
City Seattle State WA Zip Code 98125	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980629 Date of Disbursement 10 / 05 / 2007
Mailing Address Winson Ewing 4174 Timberline Rd		Amount of Each Disbursement this Period 25.00
City Clinton State WA Zip Code 98236	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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PAGE 504 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980471 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Nancy Nordhoff 835 Sixth Street		Amount of Each Disbursement this Period 1000.00
City Langley State WA Zip Code 98260	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980592 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Kathleen Taylor 46 Village Way		Amount of Each Disbursement this Period 100.00
City Port Ludlow State WA Zip Code 98365	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christine Jennings Contributions</b>		Transaction ID: 2980458 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address Marilyn Freeman 130 Pheasant Run Drive		Amount of Each Disbursement this Period 50.00
City Sequim State WA Zip Code 98382	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 505 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Christopher Maurer 205 N3 Carpenter Road SE City Lacey State WA Zip Code 98503 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980598</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Barbara West 921 56th Street City Washougal State WA Zip Code 98671 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980427</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Christine Jennings Contributions</b> Full Name (Last, First, Middle Initial) Christine Jennings Contributions Mailing Address Mildred Kellogg 720 Austin Drive City West Richland State WA Zip Code 99353 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980584</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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PAGE 506 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Christine Jennings Contributions</b>		Transaction ID: 2980539 Date of Disbursement 10 / 24 / 2007
Mailing Address Mary Grisco P.O. Box 202045		Amount of Each Disbursement this Period 50.00
City Anchorage State AK Zip Code 99520	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Christine Jennings Contributions</b>		Transaction ID: 2980477 Date of Disbursement 10 / 02 / 2007
Mailing Address June Thomasson 3175 Chinook Drive		Amount of Each Disbursement this Period 50.00
City Fairbanks State AK Zip Code 99709	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gabby Giffords Contributions</b>		Transaction ID: 2980637 Date of Disbursement 10 / 02 / 2007
Mailing Address Phyllis Pennell 307 Spencer Dr		Amount of Each Disbursement this Period 100.00
City Amherst State MA Zip Code 01002	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 507 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Susan Katz 6230 Wilshire Blvd. #2080</p> <p>City: Los Angeles State: CA Zip Code: 90048</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980636 <b>Date of Disbursement:</b> 10 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Phyllis Pennell 307 Spencer Dr</p> <p>City: Amherst State: MA Zip Code: 01002</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980694 <b>Date of Disbursement:</b> 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Ronnie Leavitt 143 Twin Hills Drive</p> <p>City: Long Meadow State: MA Zip Code: 01106</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980805 <b>Date of Disbursement:</b> 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>_____</p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 508 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Patricia White 162 E. Bare Hill Road City Harvard State MA Zip Code 01451 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980687</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Michael Simpson 10 Somerset Place City Wilmington State MA Zip Code 01887 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980649</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Sue Kilrain 56 Clarendon St City Boston State MA Zip Code 02116 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980781</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 509 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Margaret Bradley 55 Park Street		Amount of Each Disbursement this Period 100.00
City Charlestown State MA Zip Code 02129	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Betsy Weaver 3 Storey Place		Amount of Each Disbursement this Period 150.00
City Jamaica Plain State MA Zip Code 02130	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980763 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Sonia Vallianos 15 Walker Street		Amount of Each Disbursement this Period 100.00
City Somerville State MA Zip Code 02144	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Priscilla Leith 162 Islington Road</p> <p>City Newton State MA Zip Code 02466</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: 2980683</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Priscilla Leith 162 Islington Road</p> <p>City Newton State MA Zip Code 02466</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: 2980692</p> <p>Date of Disbursement 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Dana Buske 12 Martin Street</p> <p>City Arlington State MA Zip Code 02474</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: 2980756</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Julia Harper 156 Cedar Ave. City Arlington State MA Zip Code 02476 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980731</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Frances Knight 58 Douglas Road 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980710</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Susan Keller 57 Seashell Lane City East Falmouth State MA Zip Code 02536 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980779</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 512 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ruth Freymann 355 Blackstone Blvd City Providence State RI Zip Code 02906 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980665</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Arnold Wajenberg 240 Donald Drive City Goffstown State NH Zip Code 03045 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980764</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Jacob Skinner 1 Pine St Apt 12C City Petersbough State NH Zip Code 03458 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980836</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 513 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363 City Hanover State NH Zip Code 03755 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980712</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Gail Paine 312 Rte. 16A City Intervale State NH Zip Code 03845 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980691</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Martha Potter 100 Village Green Drive City Kittery State ME Zip Code 03904 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980851</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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(check only one)

PAGE 514 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Cheryl Wilfong 314 Partridge Road</p> <p>City E Dummerston State VT Zip Code 05346</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: 2980688 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Donna Rohs 13 Searles Road</p> <p>City Darien State CT Zip Code 06820</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: 2980678 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Edith Ghiron 12 Stroll Rock Common</p> <p>City Fairfield State CT Zip Code 06824</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: 2980751 Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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  
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FOR LINE NUMBER:  
(check only one)

PAGE 515 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980644 <b>Date of Disbursement</b> 10 / 03 / 2007</p>
<p>Mailing Address Marilyn Clements 104 Wallacks Point</p>		<p>Amount of Each Disbursement this Period 500.00</p>
<p>City Stamford State CT Zip Code 06902</p>	<p><b>[MEMO ITEM]</b> MEMO</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980722 <b>Date of Disbursement</b> 10 / 17 / 2007</p>
<p>Mailing Address Eleanor Winslow 16 S. Crescent</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Maplewood State NJ Zip Code 07040</p>	<p><b>[MEMO ITEM]</b> MEMO</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980741 <b>Date of Disbursement</b> 10 / 17 / 2007</p>
<p>Mailing Address Catherine Sichenze 256 Tichenor Avenue</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City South Orange State NJ Zip Code 07079</p>	<p><b>[MEMO ITEM]</b> MEMO</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 516 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980738 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	2		2	0	0	7													
<p>Mailing Address Shirley Shapiro 252 Highwood Ave</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 Tenafly State NJ Zip Code 07670</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980791 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	7		2	0	0	7													
<p>Mailing Address Mina Laskey 221 Hailey Dr.</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 Marlton State NJ Zip Code 08053</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980647 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	7													
<p>Mailing Address Ellen Kemp 184 Clover Lane</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 Princeton State NJ Zip Code 08540</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 517 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980661 Date of Disbursement 10 / 05 / 2007
Mailing Address Rachele Kramer 178 E 80th St Apt 10C		Amount of Each Disbursement this Period 100.00
City New York	State NY	
Zip Code 10075		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980770 Date of Disbursement 10 / 02 / 2007
Mailing Address Claudia Bosack 17 Lansing Street		Amount of Each Disbursement this Period 50.00
City Carmel	State NY	
Zip Code 10512		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980704 Date of Disbursement 10 / 10 / 2007
Mailing Address Madelon Rand 30 Hillandale Road		Amount of Each Disbursement this Period 100.00
City Rye Brook	State NY	
Zip Code 10573		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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PAGE 518 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address Susan Beberfall 65-25 160th Street		Amount of Each Disbursement this Period 50.00
City Flushing State NY Zip Code 11365	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980793 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Celia Sorkin 6910 108 Street		Amount of Each Disbursement this Period 100.00
City Forest Hills State NY Zip Code 11375	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Dorothea Li 66 Old Tappan Rd		Amount of Each Disbursement this Period 20.00
City Glen Cove State NY Zip Code 11542	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 519 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980830 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	2		2	0	0	7													
<p>Mailing Address Pat McCormack 442 N. Newbridge Road</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 Levittown State NY Zip Code 11756</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980773 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	7													
<p>Mailing Address Betty Head 119 Maple Road</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 Cobleskill State NY Zip Code 12043</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980716 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	4		2	0	0	7													
<p>Mailing Address Leah Horwitz 305 Savage Farm Drive</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 Ithaca State NY Zip Code 14850</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
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<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE 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 520 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980808 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	9		2	0	0	7													
<p>Mailing Address Rhoda Weisz 500 East Marylyn Avenue, #A-1</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>250.00</td> </tr> </table> </p>	250.00																			
250.00																						
<p>City State College State PA Zip Code 16801</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980839 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	5		2	0	0	7													
<p>Mailing Address Marjorie Seward 435 Martin Terrace</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 State College State PA Zip Code 16803</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980846 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	7													
<p>Mailing Address Ellen Matten PO Box 835</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 Boalsburg State PA Zip Code 16827</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 522 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980803 Date of Disbursement 10 / 29 / 2007
Mailing Address H Jean Kraft 508 Weir Road		Amount of Each Disbursement this Period 200.00
City Aston	State PA	
Zip Code 19014		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980713 Date of Disbursement 10 / 02 / 2007
Mailing Address Susan Davis 791 College Avenue # 2		Amount of Each Disbursement this Period 100.00
City Haverford	State PA	
Zip Code 19041		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980782 Date of Disbursement 10 / 16 / 2007
Mailing Address Mary Purcell 10 Willowbrook Ave		Amount of Each Disbursement this Period 100.00
City Lansdowne	State PA	
Zip Code 19050		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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PAGE 523 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: Jeanne Perlmutter 9256 Darlington Road</p> <p>City: Philadelphia State: PA Zip Code: 19115</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980719</p> <p>Date of Disbursement: 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period: 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: Wanda Will 201 W Evergreen Ave Apt 704</p> <p>City: Philadelphia State: PA Zip Code: 19118</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980838</p> <p>Date of Disbursement: 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period: 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: Carol Williams 108 Catharine Street</p> <p>City: Philadelphia State: PA Zip Code: 19147</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980765</p> <p>Date of Disbursement: 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period: 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 524 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Frank Watson 15 Woodmere Court City Paoli State PA Zip Code 19301 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980762</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Judith Kraines 406 Arrowhead Trail City Sinking Spring State PA Zip Code 19608 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980740</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lillian Rubin 3535 Yuma Street, 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980668</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> 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 525 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980813 <b>Date of Disbursement</b> 10 / 04 / 2007</p>
<p>Mailing Address Anne Smoke 2122 Massachusetts Avenue</p>		<p>Amount of Each Disbursement this Period 25.00</p>
<p>City Washington State DC Zip Code 20008</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980821 <b>Date of Disbursement</b> 10 / 05 / 2007</p>
<p>Mailing Address Gabriele Nanda 1409 Aldenham Lane</p>		<p>Amount of Each Disbursement this Period 25.00</p>
<p>City Reston State VA Zip Code 20190</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980645 <b>Date of Disbursement</b> 10 / 09 / 2007</p>
<p>Mailing Address Edith Wolff 7917 Deepwell Drive</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Bethesda State MD Zip Code 20817</p>	<p>Purpose of Disbursement Candidate Contrib Earmarked</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>[MEMO ITEM]</b> MEMO</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 527 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980708 Date of Disbursement 10 / 16 / 2007
Mailing Address Barbara Levine 8135 Inverness Ridge Road		Amount of Each Disbursement this Period 150.00
City Potomac	State MD	
Zip Code 20854		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980706 Date of Disbursement 10 / 02 / 2007
Mailing Address Betsy Taylor 8214 Cedar Street		Amount of Each Disbursement this Period 150.00
City Silver Spring	State MD	
Zip Code 20910		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980733 Date of Disbursement 10 / 04 / 2007
Mailing Address Ellen Fye 1019 Woodside Pkwy		Amount of Each Disbursement this Period 100.00
City Silver Spring	State MD	
Zip Code 20910		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 528 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address William Sweeney 1538 East West Hwy City Silver Spring State MD Zip Code 20910 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980739</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Britt Cocanour 6606 Allegheny Ave 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980759</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Margaret Platt 807 N. Howard 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980663</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980760 <b>Date of Disbursement</b> 10 / 12 / 2007</p>
<p>Mailing Address: Stephanie Mercier 6155L Edsall Road</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City: Alexandria State: VA Zip Code: 22304</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____</p>

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980729 <b>Date of Disbursement</b> 10 / 04 / 2007</p>
<p>Mailing Address: Glenna Tinney 6487 Waterfield Rd</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City: Alexandria State: VA Zip Code: 22315</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____</p>

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980829 <b>Date of Disbursement</b> 10 / 17 / 2007</p>
<p>Mailing Address: Stephanie Nicodemus 2074 Whitings Neck Rd.</p>		<p>Amount of Each Disbursement this Period 250.00</p>
<p>City: Martinsburg State: WV Zip Code: 25404</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 530 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Anne Shields 1134 Burke Street City: Winston Salem State: NC Zip Code: 27101 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980841</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Frances Huffman 2400 Hoyt Street City: Winston Salem State: NC Zip Code: 27103 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980682</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Scales 1800 Greenbrier Road City: Winston Salem State: NC Zip Code: 27104 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980654</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 531 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980847 <b>Date of Disbursement</b> 10 / 10 / 2007
Mailing Address James Mattocks PO Box 77416		Amount of Each Disbursement this Period 100.00
City Greensboro State NC Zip Code 27417	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980775 <b>Date of Disbursement</b> 10 / 29 / 2007
Mailing Address Sue Phillips P.O. Box 327		Amount of Each Disbursement this Period 50.00
City Cameron State NC Zip Code 28326	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980814 <b>Date of Disbursement</b> 10 / 22 / 2007
Mailing Address Betty Becker 101-A Cherry Street		Amount of Each Disbursement this Period 50.00
City Black Mountain State NC Zip Code 28711	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 532 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ethel Brody 19 Quinine Hill City Columbia State SC Zip Code 29204 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980642</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lynn Bowling 147 Winona Drive City Decatur State GA Zip Code 30030 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980671</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Belinda Engemann 265 High Branch Way City Roswell State GA Zip Code 30075 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980728</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 533 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Anna Crawford 195 14th Street, NE City Atlanta State GA Zip Code 30309 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980640</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Suzanne Marks 2651 Valmar Drive City Doraville State GA Zip Code 30340 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980727</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Cathy Cox PO Box 409 City Young Harris State GA Zip Code 30582 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980677</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 534 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Elizabeth Frank 646 Canterbury Drive</p> <p>City Augusta State GA Zip Code 30909</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980748 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Gwendolyn Murphree 102 Loyola Rd</p> <p>City St Augustine State FL Zip Code 32086</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980652 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Jo Anne Bander 500 Alhambra Circle</p> <p>City Coral Gables State FL Zip Code 33134</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980809 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1300.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 535 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Priscilla Klomparens 9131 S.W. 19th Street City Miami State FL Zip Code 33165 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980812</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Eleanor Weinstock 525 South Flagler Drive City West Palm Beach State FL Zip Code 33401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980796</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ruth Block 500 SE Mizner Blvd City Boca Raton State FL Zip Code 33432 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980807</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 536 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980718 Date of Disbursement 10 / 03 / 2007
Mailing Address Ruth Goldberg 7673 Cedarwood Circle		Amount of Each Disbursement this Period 50.00
City Boca Raton	State FL	
Zip Code 33434		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980811 Date of Disbursement 10 / 04 / 2007
Mailing Address Nancy Oppenheim P.O. Box 965		Amount of Each Disbursement this Period 2300.00
City Naples	State FL	
Zip Code 34106		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980784 Date of Disbursement 10 / 12 / 2007
Mailing Address Mary Meyer 117 Holly Forest		Amount of Each Disbursement this Period 100.00
City Nashville	State TN	
Zip Code 37221		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 537 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980852 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	6	/	2	0	7	7													
<p>Mailing Address Philip Wright 1127 James Blvd</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 Signal Mtn State TN Zip Code 37377</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980789 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	7	7
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1	0	/	0	5	/	2	0	7	7													
<p>Mailing Address Janice Baumer 5254 Lola Way</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 Columbus State OH Zip Code 43235</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980638 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	7	7
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1	0	/	0	4	/	2	0	7	7													
<p>Mailing Address Gail Peery 7755 Dunhill Drive</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 Sylvania State OH Zip Code 43560</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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PAGE 538 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980734 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
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1	0	/	0	1	/	2	0	0	7													
<p>Mailing Address Rita Frankel 25805 Fairmount Blvd Apt 407</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>10.00</td> </tr> </table> </p>	10.00																			
10.00																						
<p>City Beachwood State OH Zip Code 44122</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980646 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	0	/	2	0	0	7													
<p>Mailing Address Bobbie Sterne 3939 Erie Avenue #1120</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 Cincinnati State OH Zip Code 45208</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980672 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	1	/	2	0	0	7													
<p>Mailing Address Alan Chambers 3499 Windisch Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>750.00</td> </tr> </table> </p>	750.00																			
750.00																						
<p>City Cincinnati State OH Zip Code 45208</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

# 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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Glenn Watts 1767 Southview Dr City Yellow Spgs State OH Zip Code 45387 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980666 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Shelley Conrath 6451 Old Rt. 33 City Athens State OH Zip Code 45701 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980750 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Paula Susemichel 5703 Broadway Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980777 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 540 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Mary Jane Connelly 576 Vinewood</p> <p>City Birmingham State MI Zip Code 48009</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980774 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Leslie Hefner 424 Little Lake Drive</p> <p>City Ann Arbor State MI Zip Code 48103</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980848 <b>Date of Disbursement</b> 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Diane Drayson 3750 Tremont Lane</p> <p>City Ann Arbor State MI Zip Code 48105</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980653 <b>Date of Disbursement</b> 10 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Dorothy Crowley 24907 Ward Street City Dearborn State MI Zip Code 48124 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980755</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Marilyn Alimpich 335 Hartsough Avenue City Plymouth State MI Zip Code 48170 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980845</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Leonor McAlpine 130 West Parkhurst City Detroit State MI Zip Code 48203 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980670</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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PAGE 542 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Ruth Bedore 510 West High Street</p> <p>City Greenville State MI Zip Code 48838</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980802</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Helen Thomas 319 S. Arnold Street</p> <p>City Mount Pleasant State MI Zip Code 48858</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980790</p> <p>Date of Disbursement 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Phyllis Martens 9105 Arrowhead Drive E.</p> <p>City Scotts State MI Zip Code 49088</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980676</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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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

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lillian Fencl 2492 Lakeshore Drive City Fennville State MI Zip Code 49408 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980753</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Patricia Jehle 4760 Crystal Dr City Beulah State MI Zip Code 49617 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980823</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Anna Timmons P.O. Box 428 City Mackinac Island State MI Zip Code 49757 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980780</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 544 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Eleanor Crownfield 1100 Grove Street, Apt. 17 City Cedar Falls State IA Zip Code 50613 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980695</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lorraine McCrary 4411 Ripley St City Davenport State IA Zip Code 52806 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980643</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lorraine McCrary 4411 Ripley St City Davenport State IA Zip Code 52806 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980651</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 545 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Sharon Keigher 1815 N Riverwalk Way City Milwaukee State WI Zip Code 53212 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980660</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Laurens Anderson 6205 Mineral Point Rd 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980758</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Robbin Frazier 7345 France Avenue N. City Minneapolis State MN Zip Code 55443 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980828</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 546 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Nancy Curriden 640 Sapphire Avenue</p> <p>City Billings State MT Zip Code 59105</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: 2980717 Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Joann Harris 241 Melba Lane</p> <p>City Highland Park State IL Zip Code 60035</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: 2980761 Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Stephen Ehrlichman 74 Oakvale</p> <p>City Highland Park State IL Zip Code 60035</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: 2980840 Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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

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(check only one)

PAGE 547 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Helen Moshak 5010 Louise Street City Skokie State IL Zip Code 60077 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980806</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Patricia Clark 13719 Lake Drive City Plainfield State IL Zip Code 60544 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980833</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Karen Sonderby 88 W. Schiller Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980699</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980778 <b>Date of Disbursement</b> 10 / 23 / 2007
Mailing Address Francine Kim 1444 N Orleans St Apt 6K		Amount of Each Disbursement this Period 500.00
City Chicago State IL Zip Code 60610	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980732 <b>Date of Disbursement</b> 10 / 04 / 2007
Mailing Address Shoshana Herman 6833 N.Kedzie Avenue, # 816		Amount of Each Disbursement this Period 25.00
City Chicago State IL Zip Code 60645	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980696 <b>Date of Disbursement</b> 10 / 30 / 2007
Mailing Address Diane McNeilly 924 N. 6th Street		Amount of Each Disbursement this Period 50.00
City Rochelle State IL Zip Code 61068	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 549 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Nancy England 593 Knox Road 1300 E. City Maquon State IL Zip Code 61458 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980771</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Annette Stumpf 319 Elmwood Drive City Champaign State IL Zip Code 61821 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980684</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Barbara Bradshaw 336 Newport Avenue City Saint Louis State MO Zip Code 63119 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980673</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 550 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Janet Williamson 1611 Kriste Ct. City St. Louis State MO Zip Code 63131 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980711 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ann Craig 1715 Catherine Court City Spanish Lake State MO Zip Code 63138 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980674 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Susan Brown 613 NE 44th Street City Kansas City State MO Zip Code 64116 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2980693 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 551 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980849 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Denise Gregory 4233 County Road 4006		Amount of Each Disbursement this Period 100.00
City Tebbetts State MO Zip Code 65080	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980701 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Sharon Helm 12308 Delmar St		Amount of Each Disbursement this Period 25.00
City Leawood State KS Zip Code 66209	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980819 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Nelda Cuppy PO Box 224		Amount of Each Disbursement this Period 25.00
City Moran State KS Zip Code 66755	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 552 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Janette Hill 116 N 5th Street</p> <p>City Beatrice State NE Zip Code 68310</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980797</p> <p>Date of Disbursement 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Gertrude Meyers 1240 Colonial Drive</p> <p>City Baton Rouge State LA Zip Code 70806</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980698</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Sarah Carter 369 Belmont Acres Circle</p> <p>City Tumbling Shoals State AR Zip Code 72581</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980657</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 553 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Marie Steen 432 Ashington Drive City Mountain Home State AR Zip Code 72653 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980842</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Kathy Steele 10421 Bancroft Lane City Frisco State TX Zip Code 75035 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980853</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Joanne Kimberlin 5024 Horseshoe Trail City Dallas State TX Zip Code 75209 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980804</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 554 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Joann Peters 9832 Lake Haven Circle City Fort Worth State TX Zip Code 76108 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980788</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Mary Gaggino PO Box 685 City Throckmorton State TX Zip Code 76483 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980675</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address John Joiner 5538 Lincrest Ln City Houston State TX Zip Code 77056 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980783</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 555 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980827 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Marilyn Grimes 3302 Hickory Brook Lane		Amount of Each Disbursement this Period 50.00
City Kingwood State TX Zip Code 77345	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980837 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address William Pesetski 4406 88th Street		Amount of Each Disbursement this Period 5.00
City Lubbock State TX Zip Code 79424	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980767 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Anne Fendrich 5186 S Shalom Park		Amount of Each Disbursement this Period 25.00
City Aurora State CO Zip Code 80015	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 556 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Ruehle 14000 E. Progress Way City Aurora State CO Zip Code 80015 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980825</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lorraine Arnold 7760 S. Windermere Street City Littleton State CO Zip Code 80120 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980715</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marianna Paulson 152 W. Dundee Road City Dillon State CO Zip Code 80435 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980721</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 557 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Ann Rader 30786 Snowbird Lane</p> <p>City Evergreen State CO Zip Code 80439</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980723 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Arleta Carr 2716 Rincon Drive</p> <p>City Grand Junction State CO Zip Code 81503</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980724 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Irene Casper 145 Huckleberry Drive</p> <p>City Jackson State WY Zip Code 83001</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980772 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 558 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Irene Weiss 200 E. Southern Avenue City Apache Jct. State AZ Zip Code 85219 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980844</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Billie Bobbitt c/o Margaret Bobbitt City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980744</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 1000.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Mary Jane Pringle 2327 E. First Street City Tucson State AZ Zip Code 85719 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980776</b> Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 559 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Jean Myers P.O. Box 609 City: Flagstaff State: AZ Zip Code: 86002 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980685</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Rebecca Watson-Boone 30 Camino de la Vina Vieja City: Placitas State: NM Zip Code: 87043 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980681</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Jeanne Snodgrass 10501 Lagrima De Oro NE City: Albuquerque State: NM Zip Code: 87111 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980831</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 560 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Brenda Eddy 3685 Amesbury Road City Los Angeles State CA Zip Code 90027 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980659</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Susan Katz 6230 Wilshire Blvd. #2080 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980757</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Evelyn Feintech 10106 Emphyrean Way #102 City Los Angeles State CA Zip Code 90067 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980785</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 561 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980745 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Fannie Fishlyn 1530 5th Street, Apt. 604		Amount of Each Disbursement this Period 25.00
City Santa Monica State CA Zip Code 90401	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980655 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Shirley Freedland 3737 Atlantic Ave # 612		Amount of Each Disbursement this Period 250.00
City Long Beach State CA Zip Code 90807	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address LaRonda Bowen 64 N Mar Vista Ave Apt 206		Amount of Each Disbursement this Period 50.00
City Pasadena State CA Zip Code 91106	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 562 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980725 <b>Date of Disbursement</b> 10 / 17 / 2007</p>
<p>Mailing Address: Joyce Waters 4046 Tenango Road</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City: Claremont State: CA Zip Code: 91711</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980820 <b>Date of Disbursement</b> 10 / 01 / 2007</p>
<p>Mailing Address: Susan Hancock 481 Cedar Crest</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City: Claremont State: CA Zip Code: 91711</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980650 <b>Date of Disbursement</b> 10 / 17 / 2007</p>
<p>Mailing Address: Rita Garrett 3849 Elderberry Glen</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City: Escondido State: CA Zip Code: 92025</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Category/Type: _____</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>_____</p>

# 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

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Patricia Ness 2515 Caminito Muirfield 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980749</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Elisabeth Fidler 4126 Vermont 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980639</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Cindy Smartt 1427 Vue Du Bay Ct. 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980801</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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PAGE 564 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anne Geeding 12583 Alcaccer Del Sol City San Diego State CA Zip Code 92128 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980686</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Aurelia Wick 52015 Avenida Obregon City La Quinta State CA Zip Code 92253 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980799</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 300.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eileen Tsai 2 Falling Leaf City Irvine State CA Zip Code 92612 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980850</b> Date of Disbursement 10 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

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PAGE 565 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Mary Thompson 1435 Crestline Dr City Santa Barbara State CA Zip Code 93105 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980787</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Sandra Kehoe 680 Canterbury Lane City Cambria State CA Zip Code 93428 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980735</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Deborah Wright 815 Doud Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980679</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 566 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980832 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	9	/	2	0	0	7													
<p>Mailing Address: Barbara von der Groeben 2033 Ralston Avenue # 173</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: Belmont State: CA Zip Code: 94002</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p><b>[MEMO ITEM]</b> MEMO</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>																						
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>B. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980720 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	4	/	2	0	0	7													
<p>Mailing Address: Elaine Kriegh 27696 Vogue Court</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: Los Altos Hills State: CA Zip Code: 94022</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p><b>[MEMO ITEM]</b> MEMO</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>																						
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980714 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	3	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	3	/	2	0	0	7													
<p>Mailing Address: Laura Iraci 161 Ada Avenue</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: Mountain View State: CA Zip Code: 94043</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p><b>[MEMO ITEM]</b> MEMO</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p>																						
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td> </td> </tr> </table>	

**SCHEDULE 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 567 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980658 Date of Disbursement 10 / 09 / 2007
Mailing Address Jacqueline Dawley 1301 Eugenia Ave.		Amount of Each Disbursement this Period 100.00
City San Francisco State CA Zip Code 94110	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980669 Date of Disbursement 10 / 17 / 2007
Mailing Address Joan Donovan 130 Arrowood Lane		Amount of Each Disbursement this Period 100.00
City San Mateo State CA Zip Code 94403	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980818 Date of Disbursement 10 / 03 / 2007
Mailing Address Giselle Jurkanin 483 El Alamo		Amount of Each Disbursement this Period 250.00
City Danville State CA Zip Code 94526	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 568 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980817 Date of Disbursement 10 / 02 / 2007
Mailing Address Charlotte Lowrey 4838 Oscar Court		Amount of Each Disbursement this Period 100.00
City Fremont	State CA	
Zip Code 94538		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980815 Date of Disbursement 10 / 04 / 2007
Mailing Address Charlotte White 21100 Gary Drive		Amount of Each Disbursement this Period 25.00
City Castro Valley	State CA	
Zip Code 94546		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980664 Date of Disbursement 10 / 10 / 2007
Mailing Address Elteen Stone 3550 Pacific Avenue		Amount of Each Disbursement this Period 100.00
City Livermore	State CA	
Zip Code 94550		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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PAGE 569 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980730 Date of Disbursement 10 / 12 / 2007
Mailing Address Ann Staley 2609 Golden Rain Road#2		Amount of Each Disbursement this Period 50.00
City Walnut Creek State CA Zip Code 94595	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980736 Date of Disbursement 10 / 17 / 2007
Mailing Address Carolin Middleton 85 Glen Avenue, Apt. 7		Amount of Each Disbursement this Period 50.00
City Oakland State CA Zip Code 94611	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980700 Date of Disbursement 10 / 03 / 2007
Mailing Address Marilyn Heilman 1020 Miller Ave		Amount of Each Disbursement this Period 100.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 570 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Nancy Neal PO Box 1737 City Aptos State CA Zip Code 95001 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980680</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Maryann Somerville 10110 Firwood Drive City Cupertino State CA Zip Code 95014 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980667</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Leslie Andrews 905 3rd Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980707</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 572 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980690 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	7
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1	0	/	0	9	/	2	0	0	7													
<p>Mailing Address Phyllis Broyles P.O. Box 2216</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>40.00</td> </tr> </table> </p>	40.00																			
40.00																						
<p>City McKinleyville State CA Zip Code 95519</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980792 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	6	/	2	0	0	7													
<p>Mailing Address Frances Kessler 11005 Blue Wing Place</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 Auburn State CA Zip Code 95603</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980768 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	6	/	2	0	0	7													
<p>Mailing Address Wendy Hoyt 2331 Garden Hwy</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>250.00</td> </tr> </table> </p>	250.00																			
250.00																						
<p>City Sacramento State CA Zip Code 95833</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

# SCHEDULE 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 573 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Sharon Pittman 1459 Filbert Avenue City Chico State CA Zip Code 95926 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980766</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Nadine Tucker P.O. Box 493185 City Redding State CA Zip Code 96049 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980786</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Kathryn Whitmire 46-192 Lilipuna Road City Kaneohe State HI Zip Code 96744 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980689</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 574 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980747 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
<p>Mailing Address Lynette Sahnov 15230 Southwest 141st Ave.</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 Tigard State OR Zip Code 97224</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980742 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	2	/	2	0	0	7													
<p>Mailing Address Victor Nielsen 25554 Lawrence Road</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 Junction City State OR Zip Code 97448</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 2980662 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	4	/	2	0	0	7													
<p>Mailing Address Jemma Crae 6018 Coos Bay Wagon Rd</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 Roseburg State OR Zip Code 97470</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 576 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Barbara Gross 13319 79th PI NE City: Kirkland State: WA Zip Code: 98034 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980641</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Donna Stevens 720 Seneca Street City: Seattle State: WA Zip Code: 98101 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980824</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 125.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address: Leonard Shaw 702 11th Avenue East City: Seattle State: WA Zip Code: 98102 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980726</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 577 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980769 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Cecille Burroughs 12505 Greenwood Avenue N		Amount of Each Disbursement this Period 250.00
City Seattle State WA Zip Code 98133	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980798 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Susan Bland P.O. Box 477		Amount of Each Disbursement this Period 100.00
City Fox Island State WA Zip Code 98333	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 2980648 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Jean Hordyk 1122 E. 9th Street		Amount of Each Disbursement this Period 50.00
City Port Angeles State WA Zip Code 98362	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 578 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 2980656 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Jeannette Woodruff 371 S. Bay Way		Amount of Each Disbursement this Period 100.00
City Port Ludlow State WA Zip Code 98365	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 2980834 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address Georgia Donnelly 4410 Julies Terrace W.		Amount of Each Disbursement this Period 200.00
City Tacoma State WA Zip Code 98466	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton Contributions</b>		Transaction ID: 2980709 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Ginger Metcalf 807 West 7th Avenue		Amount of Each Disbursement this Period 50.00
City Spokane State WA Zip Code 99204	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 579 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Maurer 10516 West Court Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980703</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lucy Benson 46 Sunset Ave 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980882</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Campbell 80 Lakeside Dr City: Groton State: MA Zip Code: 01450 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980865</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 580 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Victoria Abrams 17 Tanglewood Drive City: Concord State: MA Zip Code: 01742 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980862</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ken 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980859</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Kurtz 70 High St City: South Dartmouth State: MA Zip Code: 02748 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980870</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 581 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Juliette Wilkerson 22 Tall Oaks Court City: Parlin State: NJ Zip Code: 08859 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980876</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sallie Gouverneur 10 bleecker street City: New York State: NY Zip Code: 10012 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980860</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Amy Schwartz 5 Mirrielees Circle City: Great Neck State: NY Zip Code: 11021 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980880</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 582 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980875</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julia Dominian 3113 Florence Drive City Latham State NY Zip Code 12110 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980871</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Magee 4000 Cathedral Avenue NW City Washington State DC Zip Code 20016 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980856</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lenore Cohen 11539 Cushman Road City Rockville 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980877</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Appling 1921 N. WESTMORELAND ST. City Arlington State VA Zip Code 22213 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980854</b> Date of Disbursement 10 / 07 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Lonoff 7000 Polins Court City Alexandria State VA Zip Code 22306 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980878</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 584 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Priscilla Gilman 4537 Deer Run City Evans State GA Zip Code 30809 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980883</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Brown 4005 Johnson Street City Hollywood State FL Zip Code 33021 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980855</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ruth Talley 1302 Anglers Lane City Lutz State FL Zip Code 33548 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980858</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 585 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leora Schuelka 3047 Rutledge Avenue City Cedar State IA Zip Code 52543 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980866</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Martha Newell 922 Taylor Street City Missoula State MT Zip Code 59802 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980867</b> Date of Disbursement 10 / 07 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marie Steen 432 Ashington Drive City Mountain Home State AR Zip Code 72653 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980884</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Katz 6230 Wilshire Blvd. #2080 City: Los Angeles State: CA Zip Code: 90048 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980872</b> Date of Disbursement: 10 / 06 / 2007 Amount of Each Disbursement this Period: 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sandra Wolber 16445 San Jose Street City: Granada Hills State: CA Zip Code: 91344 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980863</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Cecile Michael 11 El Sereno Court City: San Francisco State: CA Zip Code: 94127 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980868</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 587 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Giselle Jurkanin 483 El Alamo City: Danville State: CA Zip Code: 94526 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980881</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 125.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Donal Mahon 2210 Pinehurst Court City: El Cerrito State: CA Zip Code: 94530 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980879</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carol Jennings 2308 pine knoll dr. City: Walnut Creek State: CA Zip Code: 94595 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980874</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

PAGE 588 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marilyn Heilman 1020 Miller Ave 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980864</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Norma Graser 2382 Nobili Ave. City Santa Clara State CA Zip Code 95051 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980873</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address William Buskirk P.O. Box 50984 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980861</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 589 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Douglas Berman 1120 Spring Street, # 1103 City Seattle State WA Zip Code 98104 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980857</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Jeanne Shaheen Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Peterson 9429 37th Ave SW City Seattle State WA Zip Code 98126 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980869</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Helen Gjessing P.O. Box 301844 City St. Thomas State VI Zip Code 00803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980915</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 590 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia White 162 E. Bare Hill Road City: Harvard State: MA Zip Code: 01451 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980931</b> Date of Disbursement: 10 / 18 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Victoria Abrams 17 Tanglewood Drive City: Concord State: MA Zip Code: 01742 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980916</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Michael Simpson 10 Somerset Place City: Wilmington State: MA Zip Code: 01887 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981048</b> Date of Disbursement: 10 / 29 / 2007 Amount of Each Disbursement this Period: 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 591 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Margaret Bradley 55 Park Street City: Charlestown State: MA Zip Code: 02129 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980983</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Lucy Stroock 55 Frost St. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980986</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Karin Hemmingsen 361 Richardson Ave. City: Attleboro State: MA Zip Code: 02703 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980897</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 592 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Victor Mailey 163 River Road</p> <p>City New Bedford State MA Zip Code 02745</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: 2980982 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Margaret Behrle P.O. Box 437</p> <p>City Granham State NH Zip Code 03753</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: 2980913 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363</p> <p>City Hanover State NH Zip Code 03755</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: 2980935 Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 593 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia House 43 Winthrop Street City: Hallowell State: ME Zip Code: 04347 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981035</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carol Edmunds 308 Silver St City: Bennington State: VT Zip Code: 05201 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980943</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Cheryl Wilfong 314 Partridge Road City: E Dummerston State: VT Zip Code: 05346 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980914</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 594 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eileen Storey 65 Nassahegan Dr City Burlington State CT Zip Code 06013 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980955</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Maria Geiselhart 137 Lakeshore Drive City Oakland State NJ Zip Code 07436 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981022</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Linda Rosario 12 Hidden Acres Drive City Voorhees State NJ Zip Code 08043 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980971</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 595 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elise Murray 75 Cherry Brook 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980940</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Moore 12 Somer Drive City: Somerville State: NJ Zip Code: 08876 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980959</b> Date of Disbursement: 10 / 22 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Allison 137 E. 19th Street # 1 City: New York State: NY Zip Code: 10003 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981030</b> Date of Disbursement: 10 / 12 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 596 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sallie Gouverneur 10 bleecker street City: New York State: NY Zip Code: 10012 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981044</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Judith Greene 80 Central Park W. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980936</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Kolodny 64 W 89 Street City: New York State: NY Zip Code: 10024 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980957</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 597 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Rachelle Kramer</b> 178 E 80th St Apt 10C City: <b>New York</b> State: <b>NY</b> Zip Code: <b>10075</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980896</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Karen Blumenthal</b> 7 High Point Lane City: <b>Scarsdale</b> State: <b>NY</b> Zip Code: <b>10583</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980947</b> Date of Disbursement: 10 / 01 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Barbara Levy</b> 642 Heritage Hls # B City: <b>Somers</b> State: <b>NY</b> Zip Code: <b>10589</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980941</b> Date of Disbursement: 10 / 10 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 598 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Ruth Haspel 14 Merrivale Road</p> <p>City Great Neck State NY Zip Code 11021</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: 2981014 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Roseanne Keogh 3352 Crescent Street</p> <p>City Astoria State NY Zip Code 11106</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: 2980905 Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald 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>Transaction ID: 2980903 Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 599 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Weber 9115 Ridge Blvd., # 1G City Brooklyn State NY Zip Code 11209 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981039</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pat McCormack 442 N. Newbridge Road City Levittown State NY Zip Code 11756 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981018</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980911</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 600 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Dickinson 202 Wall Street City Corning State NY Zip Code 14830 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981024</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Miller 6015 Wellesley Avenue City Pittsburgh State PA Zip Code 15206 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980893</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Morton 5532 Wilkins Ave. City Pittsburgh State PA Zip Code 15217 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980981</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 601 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Seward 435 Martin Terrace City: State College State: PA Zip Code: 16803 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981028</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ellen Matten PO Box 835 City: Boalsburg State: PA Zip Code: 16827 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981037</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Faye Gelhard 1307 Edgewood Drive City: East Earl State: PA Zip Code: 17519 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980894</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 602 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980910 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	3	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	3	/	2	0	0	7													
<p>Mailing Address Henry Dasenbrock 3300 Darby Road, Apt. 4105</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 Haverford State PA Zip Code 19041</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980990 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	4	/	2	0	0	7													
<p>Mailing Address Marina Angel 220 Locust Street #15D</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 Philadelphia State PA Zip Code 19106</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980967 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	3	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	3	/	2	0	0	7													
<p>Mailing Address Carol Williams 108 Catharine 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 Philadelphia State PA Zip Code 19147</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

# SCHEDULE 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 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Constance Moore 419 South Camac Street City: Philadelphia State: PA Zip Code: 19147 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981041</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Eugene Hildreth 2000 Cambridge Avenue City: Wyomissing State: PA Zip Code: 19610 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981032</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jill Bogard 2755 Macomb Street 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981027</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 604 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Shana Lynngood 311 Rock Creek Church Rd. NW City: Washington State: DC Zip Code: 20011 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980966</b> Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Swift 33195 Millville Road City: Upperville State: VA Zip Code: 20184 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981031</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Stowe 11507 Woodstock Way City: Reston State: VA Zip Code: 20194 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980996</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 605 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980921 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	7													
<p>Mailing Address Katherine Hunting 9218 Long Branch Parkway</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 Silver Spring State MD Zip Code 20901</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980933 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	1		2	0	0	7													
<p>Mailing Address Lisa Hack 123 Northwood Ave</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 Silver Spring State MD Zip Code 20901</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980899 <b>Date of Disbursement</b>  <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>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	2		2	0	0	7													
<p>Mailing Address Margaret Platt 807 N. Howard</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 Alexandria State VA Zip Code 22304</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

# SCHEDULE 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 606 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Witting 7116 Fort Hunt Rd Apt 387 City: Alexandria State: VA Zip Code: 22307 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980944</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Kafka 5912 Otley Dr City: Alexandria State: VA Zip Code: 22310 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980978</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Grissom 120 Martindale Dr. City: Youngsville State: NC Zip Code: 27596 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980950</b> Date of Disbursement: 10 / 12 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 607 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980909 Date of Disbursement 10 / 23 / 2007
Mailing Address Karen Campbell PO Box 336		Amount of Each Disbursement this Period 50.00
City Union Mills State NC Zip Code 28167	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980954 Date of Disbursement 10 / 19 / 2007
Mailing Address Barbara Moxon 31 Joseph Walker Drive		Amount of Each Disbursement this Period 200.00
City West Columbia State SC Zip Code 29169	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2981038 Date of Disbursement 10 / 12 / 2007
Mailing Address Judith Feldstein 425 Wembley Circle		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30328	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 608 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bonnie Simms 81 San Juan Drive City: Palm Coast State: FL Zip Code: 32137 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980907</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Lopez 1832 Hartford Path City: The Villages State: FL Zip Code: 32162 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980892</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elizabeth Whittall 2300 Indian Creek Boulevard City: Vero Beach State: FL Zip Code: 32966 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980985</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 609 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susanne Woods 17273 La Brisa Lane City: Sugarloaf Shores State: FL Zip Code: 33042 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980904</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gail Silverman 9 Island Avenue, Apt. 1814 City: Miami Beach State: FL Zip Code: 33139 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980923</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Donna Rich 6830 S.W. 48th Terrace City: Miami State: FL Zip Code: 33155 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980980</b> Date of Disbursement: 10 / 04 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 610 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Ruth Tupler 6570 S.W. 47th Court</p> <p>City Ft. Lauderdale State FL Zip Code 33314</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980951 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Eleanor Weinstock 525 South Flagler Drive</p> <p>City West Palm Beach State FL Zip Code 33401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980989 Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Verne VanBeynum 419 Eagleton Cove Way</p> <p>City West Palm Beach State FL Zip Code 33418</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2981043 Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 611 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2981002 Date of Disbursement 10 / 01 / 2007
Mailing Address Ruth Block 500 SE Mizner Blvd		Amount of Each Disbursement this Period 25.00
City Boca Raton State FL Zip Code 33432	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980992 Date of Disbursement 10 / 29 / 2007
Mailing Address Belle Levin 21785 Cypress Drive		Amount of Each Disbursement this Period 50.00
City Boca Raton State FL Zip Code 33433	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980948 Date of Disbursement 10 / 02 / 2007
Mailing Address Joan Haverkate 7 Eboe Street		Amount of Each Disbursement this Period 25.00
City Alva State FL Zip Code 33920	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 612 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2981046 Date of Disbursement 10 / 16 / 2007
Mailing Address Philip Wright 1127 James Blvd		Amount of Each Disbursement this Period 50.00
City Signal Mtn State TN Zip Code 37377	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980895 Date of Disbursement 10 / 23 / 2007
Mailing Address Marjorie Cox 3782 Taylorsville Road		Amount of Each Disbursement this Period 25.00
City Louisville State KY Zip Code 40220	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980984 Date of Disbursement 10 / 24 / 2007
Mailing Address Ruth Searles 106 Kendal Dr		Amount of Each Disbursement this Period 100.00
City Oberlin State OH Zip Code 44074	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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PAGE 613 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Nancy Welch 534 Sheffield Drive</p> <p>City Springfield State OH Zip Code 45506</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981004 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Willard Elsbree 209 Grosvenor Street</p> <p>City Athens State OH Zip Code 45701</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981009 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Elvera Shappirio 608 Soule Boulevard</p> <p>City Ann Arbor State MI Zip Code 48103</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980898 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>0.00</p>
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 614 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Leonor McAlpine 130 West Parkhurst</p> <p>City Detroit State MI Zip Code 48203</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980900</b> Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Betty Patterson 4358 Dell Rd Apt B</p> <p>City Lansing State MI Zip Code 48911</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981026</b> Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Andrea Mazzone 1423 W. Maple Avenue</p> <p>City Kalamazoo State MI Zip Code 49008</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980997</b> Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 615 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lillian Fencl 2492 Lakeshore Drive City Fennville State MI Zip Code 49408 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980958</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Borud 2047 Hunter's Ridge Drive City Mason City State IA Zip Code 50401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981019</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Warren Hagstrom 916 Shorewood Blvd. 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980922</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 616 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: David Young 2109 Tawhee Dr. City: Madison State: WI Zip Code: 53711 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: 2981005</b> Date of Disbursement: 10 / 14 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Suzanne Griffith 2802 W. Skyline Parkway City: Duluth State: MN Zip Code: 55806 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: 2980938</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Maxine Rost P.O. Box 105 City: Willard State: MT Zip Code: 59354 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID: 2980960</b> Date of Disbursement: 10 / 10 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 617 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Joy Silver 1059 W Skylark Drive</p> <p>City Palatine State IL Zip Code 60067</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980999</b> Date of Disbursement 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Helen Moshak 5010 Louise Street</p> <p>City Skokie State IL Zip Code 60077</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981000</b> Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Mary Wall 451 S Kenilworth Avenue</p> <p>City Elmhurst State IL Zip Code 60126</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981013</b> Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 618 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2981040 Date of Disbursement 10 / 16 / 2007
Mailing Address Jane Gralen 42 Durham Court		Amount of Each Disbursement this Period 75.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980945 Date of Disbursement 10 / 13 / 2007
Mailing Address Lynn Hauser 950 N Michigan Avenue		Amount of Each Disbursement this Period 250.00
City Chicago State IL Zip Code 60611	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980912 Date of Disbursement 10 / 26 / 2007
Mailing Address Dawn Netsch 1700 North Hudson Avenue		Amount of Each Disbursement this Period 250.00
City Chicago State IL Zip Code 60614	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980925 Date of Disbursement 10 / 12 / 2007
Mailing Address Beverlee Mitchell 3012 West Hollywood Avenue		Amount of Each Disbursement this Period 50.00
City Chicago	State IL	
Zip Code 60659		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980991 Date of Disbursement 10 / 03 / 2007
Mailing Address E. Jeanne Murphey 522 S. Station Road		Amount of Each Disbursement this Period 50.00
City Glen Carbon	State IL	
Zip Code 62034		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980995 Date of Disbursement 10 / 03 / 2007
Mailing Address Sarah Kelso 5142 Milburn Road		Amount of Each Disbursement this Period 100.00
City Saint Louis	State MO	
Zip Code 63129		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 620 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ann Craig 1715 Catherine Court City: Spanish Lake State: MO Zip Code: 63138 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980908</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Gannon 6111 Parterre Dr. City: Baton Rouge State: LA Zip Code: 70817 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980970</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary McGuire 840 Kings Highway City: Shreveport State: LA Zip Code: 71104 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980928</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 621 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Minnie Carson 12440 Rivercrest Drive City: Little Rock State: AR Zip Code: 72212 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980920</b> Date of Disbursement: 10 / 23 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marie Steen 432 Ashington Drive City: Mountain Home State: AR Zip Code: 72653 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981033</b> Date of Disbursement: 10 / 01 / 2007 Amount of Each Disbursement this Period: 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Deborah Floyd 502 Lexington Lane 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980998</b> Date of Disbursement: 10 / 19 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 622 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Joann Peters 9832 Lake Haven Circle</p> <p>City Fort Worth State TX Zip Code 76108</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: 2980956 Date of Disbursement 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Pauline Edwards-Delaney 4718 Hallmark Drive, # 351</p> <p>City Houston State TX Zip Code 77056</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: 2981008 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address John Velz 809 W. 32nd Street</p> <p>City Austin State TX Zip Code 78705</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: 2980906 Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 623 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address William Pesetski 4406 88th Street</p> <p>City Lubbock State TX Zip Code 79424</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981020 <b>Date of Disbursement</b> 10 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Anne Fendrich 5186 S Shalom Park</p> <p>City Aurora State CO Zip Code 80015</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980993 <b>Date of Disbursement</b> 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Jane Ruehle 14000 E. Progress Way</p> <p>City Aurora State CO Zip Code 80015</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981007 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 624 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Ruth Stemler 11675 W. 107 Avenue</p> <p>City Westminster State CO Zip Code 80021</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980987 Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Elizabeth Luce 61 Charlou Cir</p> <p>City Englewood State CO Zip Code 80111</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980974 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Elizabeth Rave 4599 W. 36th Place, Unit 7</p> <p>City Denver State CO Zip Code 80212</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2981012 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 625 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Nancy Malville 1323 Bluebell Avenue</p> <p>City Boulder State CO Zip Code 80302</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980887 Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Lise Menn 1625 Mariposa Avenue</p> <p>City Boulder State CO Zip Code 80302</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2980927 Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Hardy Frank 1140 Portland Place, Apt. 02</p> <p>City Boulder State CO Zip Code 80304</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2981017 Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> 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)

PAGE 626 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address E. Scholl 1095 Yank Street</p> <p>City Golden State CO Zip Code 80401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980942 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Lori Colina-Lee 205 Galena</p> <p>City Bellvue State CO Zip Code 80512</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981016 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Margaret Guthrie 1411 Cedar Lane</p> <p>City Estes Park State CO Zip Code 80517</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981006 <b>Date of Disbursement</b> 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 627 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Barbara Corwin</b> 1230 Winding Ridge Terrace City <b>Colorado Springs</b> State <b>CO</b> Zip Code <b>80919</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980929</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Margery Fridstein</b> PO 5926 City <b>Snowmass Village</b> State <b>CO</b> Zip Code <b>81615</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981001</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Ann Pearce</b> 2012 Arbor Lane City <b>Salt Lake City</b> State <b>UT</b> Zip Code <b>84117</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981025</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 628 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Munroe 2355 E. Miraval Segundo City Tucson State AZ Zip Code 85718 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980976</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Jane Pringle 2327 E. First Street City Tucson State AZ Zip Code 85719 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980979</b> Date of Disbursement 10 / 08 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margie Sinagra 6380 W Ina Rd City Tucson State AZ Zip Code 85743 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980961</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions		<b>Transaction ID:</b> 2980937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Joyce Price 29 Placitas Trails Road		Amount of Each Disbursement this Period 100.00
City Placitas State NM Zip Code 87043	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions		<b>Transaction ID:</b> 2980886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address Cheryl Rofer 402 Vera Drive		Amount of Each Disbursement this Period 100.00
City Santa Fe State NM Zip Code 87501	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>C.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions		<b>Transaction ID:</b> 2981011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Janice Baker 2082 Placita de Vida		Amount of Each Disbursement this Period 100.00
City Santa Fe State NM Zip Code 87505	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 630 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Norma McCallan 627 Camino Don Emilio City: Santa Fe State: NM Zip Code: 87507 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980963</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jocelyn Ray 11405 Osage Road City: Reno State: NV Zip Code: 89508 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981010</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: David Okrent 439 Veteran Avenue City: Los Angeles State: CA Zip Code: 90024 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981023</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 631 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Larsen 7415 Pyramid Place City: Los Angeles State: CA Zip Code: 90046 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981029</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Katz 6230 Wilshire Blvd. #2080 City: Los Angeles State: CA Zip Code: 90048 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980965</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Lerza 2600 Overland Avenue #101 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980949</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 632 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Levitt Hirsch 9951 Kip 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980919</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joanne Hollingsworth 607 Gould Terrace City Hermosa Beach State CA Zip Code 90254 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980975</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Fannie Fishlyn 1530 5th Street, Apt. 604 City Santa Monica State CA Zip Code 90401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2980952</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 633 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980901 Date of Disbursement 10 / 05 / 2007
Mailing Address Chanin Bradshaw 17300 Ballinger Street		Amount of Each Disbursement this Period 50.00
City Northridge State CA Zip Code 91325	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980994 Date of Disbursement 10 / 10 / 2007
Mailing Address Elsie Sweeney 21775 Woodland Crest Drive		Amount of Each Disbursement this Period 25.00
City Woodland Hls State CA Zip Code 91364	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2981015 Date of Disbursement 10 / 09 / 2007
Mailing Address Sandy Gooch 4498 Woodman Ave.,		Amount of Each Disbursement this Period 50.00
City Sherman Oaks State CA Zip Code 91423	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 634 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marla Jensen 1615 Bittern Ct. City: Carlsbad State: CA Zip Code: 92011 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980932</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Huber 8629 Llynx Road City: San Diego State: CA Zip Code: 92126 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980926</b> Date of Disbursement: 10 / 03 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Eileen Tsai 2 Falling Leaf City: Irvine State: CA Zip Code: 92612 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981042</b> Date of Disbursement: 10 / 21 / 2007 Amount of Each Disbursement this Period: 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 635 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Thompson 1435 Crestline Dr City: Santa Barbara State: CA Zip Code: 93105 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980988</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Penelope Borden 1018 Monte Drive City: Santa Barbara State: CA Zip Code: 93110 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980964</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elaine Kriegh 27696 Vogue Court City: Los Altos Hills State: CA Zip Code: 94022 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980939</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 636 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Laura Iraci 161 Ada Avenue City: Mountain View State: CA Zip Code: 94043 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980889</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dorothy Knecht 17 Bret Harte Terrace City: San Francisco State: CA Zip Code: 94133 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980972</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Anne Ehrlich Biological Sciences City: Stanford State: CA Zip Code: 94305 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980918</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 637 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Hester Gelber P.O. Box 20207</p> <p>City Stanford State CA Zip Code 94309</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980968 <b>Date of Disbursement</b> 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Rita Vandenburg 3972 Amyx Ct</p> <p>City Hayward State CA Zip Code 94542</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2980891 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C.</b> Joan Fitz-Gerald Contributions</p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Glenda Dugan 199 Los Banos Avenue</p> <p>City Walnut Creek State CA Zip Code 94598</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981047 <b>Date of Disbursement</b> 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 638 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Costa 1122 El Centro Avenue City Oakland State CA Zip Code 94602 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980890</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Madeline Mixer 76 Bonnie Lane 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981049</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eileen Hinkson 100 Thorndale Drive, Apt. 262 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980902</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 639 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Esther Sinclaire 43 Tamalpais Ave City: San Anselmo State: CA Zip Code: 94960 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981036</b> Date of Disbursement: 10 / 10 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Norma Graser 2382 Nobili Ave. City: Santa Clara State: CA Zip Code: 95051 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980973</b> Date of Disbursement: 10 / 22 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Leslie Andrews 905 3rd Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980924</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 640 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Julia Stephenson 19446 Northampton Drive</p> <p>City Saratoga State CA Zip Code 95070</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980885</b> Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Helen Morrison 2959 Burnside Road</p> <p>City Sebastopol State CA Zip Code 95472</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980934</b> Date of Disbursement 10 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Phyllis Broyles P.O. 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 State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2980977</b> Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 641 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: David Wells 7000 Steely Ridge Road City: Grizzly Flats State: CA Zip Code: 95636 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980946</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nell Farr 6501 Brockenhurst Drive City: Elk Grove State: CA Zip Code: 95758 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2980953</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Joan Fitz-Gerald Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jack Estes 1367 E Lindo Ave # 1A City: Chico State: CA Zip Code: 95926 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981034</b> Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 642 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Mary Cammann 1711 SE 41st Avenue</p> <p>City Portland State OR Zip Code 97214</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981003</b> Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Pat Lewis PO Box 675</p> <p>City South Beach State OR Zip Code 97366</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981021</b> Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Joan Fitz-Gerald Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p> <p>Mailing Address Susanne Fountain 1997 Shiloh St.</p> <p>City Eugene State OR Zip Code 97401</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 2981045</b> Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980917 Date of Disbursement 10 / 17 / 2007
Mailing Address Catherine Smith 85316 Coyote Creek Road		Amount of Each Disbursement this Period 250.00
City Veneta State OR Zip Code 97487	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980962 Date of Disbursement 10 / 03 / 2007
Mailing Address Frances Kwapil 12501 Greenwood Avenue N		Amount of Each Disbursement this Period 75.00
City Seattle State WA Zip Code 98133	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joan Fitz-Gerald Contributions</b>		Transaction ID: 2980888 Date of Disbursement 10 / 04 / 2007
Mailing Address Karen Summers 401 Hillcrest Way		Amount of Each Disbursement this Period 50.00
City Bellingham State WA Zip Code 98225	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 644 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980930 <b>Date of Disbursement</b></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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	7													
<p>Mailing Address Nancy Nordhoff 835 Sixth Street</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																						
<p>City Langley State WA Zip Code 98260</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Fitz-Gerald Contributions</p>		<p><b>Transaction ID:</b> 2980969 <b>Date of Disbursement</b></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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	0	7													
<p>Mailing Address Gail Eisenberger 240 Kala Heights Drive</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																						
<p>City Port Townsend State WA Zip Code 98368</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Kay Barnes Contributions</p>		<p><b>Transaction ID:</b> 2981114 <b>Date of Disbursement</b></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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	0	7													
<p>Mailing Address Patricia White 162 E. Bare Hill Road</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																						
<p>City Harvard State MA Zip Code 01451</p>																						
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE 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 645 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981235 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Michael Simpson 10 Somerset Place		Amount of Each Disbursement this Period 1000.00
City Wilmington State MA Zip Code 01887	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981150 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Michael Tsuk 66 Iroquois Road		Amount of Each Disbursement this Period 100.00
City Arlington State MA Zip Code 02476	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981181 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Susan Keller 57 Seashell Lane		Amount of Each Disbursement this Period 50.00
City East Falmouth State MA Zip Code 02536	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981064 Date of Disbursement 10 / 10 / 2007
Mailing Address Frances Potter 38 Little Pond Road		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981086 Date of Disbursement 10 / 09 / 2007
Mailing Address Margaret Behrle P.O. Box 437		Amount of Each Disbursement this Period 200.00
City Granham State NH Zip Code 03753	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981124 Date of Disbursement 10 / 17 / 2007
Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 647 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carol Edmunds 308 Silver St City Bennington State VT Zip Code 05201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981098</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cheryl Wilfong 314 Partridge Road City E Dummerston State VT Zip Code 05346 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981087</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eileen Storey 65 Nassahegan Dr City Burlington State CT Zip Code 06013 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981151</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 648 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Schumann P.O. Box 813 City: Madison State: CT Zip Code: 06443 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981195 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Paula Kurasch 99 Gutzon Borglum Road City: Stamford State: CT Zip Code: 06903 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981096 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Estelle Meislich 2150 Center Avenue City: Fort Lee State: NJ Zip Code: 07024 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981207 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 649 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981183</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Patricia Kenschaff 56 Gordonhurst Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City Upper Montclair State NJ Zip Code 07043</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Joan Steiner 5 Brooklake Road</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City Florham Park State NJ Zip Code 07932</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981164</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Linda Rosario 12 Hidden Acres Drive</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City Voorhees State NJ Zip Code 08043</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<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: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 650 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981176 Date of Disbursement 10 / 01 / 2007
Mailing Address Martha Brandriff 601 W Holly Avenue, Apt. 63		Amount of Each Disbursement this Period 25.00
City Pitman State NJ Zip Code 08071	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981104 Date of Disbursement 10 / 02 / 2007
Mailing Address Dortha Marquis 124 Marshall Corner Woodville		Amount of Each Disbursement this Period 1000.00
City Hopewell State NJ Zip Code 08525	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981072 Date of Disbursement 10 / 24 / 2007
Mailing Address Wendy Benchley 35 Boudinot Street		Amount of Each Disbursement this Period 250.00
City Princeton State NJ Zip Code 08540	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 651 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981133 Date of Disbursement 10 / 03 / 2007
Mailing Address Elise Murray 75 Cherry Brook Drive		Amount of Each Disbursement this Period 100.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981082 Date of Disbursement 10 / 05 / 2007
Mailing Address Margaret Kruse PO Box 1577		Amount of Each Disbursement this Period 100.00
City Piscataway State NJ Zip Code 08855	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981155 Date of Disbursement 10 / 22 / 2007
Mailing Address Jeanne Moore 12 Somer Drive		Amount of Each Disbursement this Period 100.00
City Somerville State NJ Zip Code 08876	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 652 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981173 Date of Disbursement 10 / 26 / 2007
Mailing Address Jacqueline Skiles 236 W. 27th Street		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10001		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981232 Date of Disbursement 10 / 12 / 2007
Mailing Address Nancy Allison 137 E. 19th Street # 1		Amount of Each Disbursement this Period 100.00
City New York	State NY	
Zip Code 10003		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981213 Date of Disbursement 10 / 06 / 2007
Mailing Address Sallie Gouverneur 10 bleecker street		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10012		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 653 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981241 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Elizabeth Shapiro 20 Sutton Place South		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10022	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981126 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Judith Greene 80 Central Park W.		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10023	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981248 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address Ilse Melamid 1 Lincoln Plz Apt 16E		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10023	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 654 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Kolodny 64 W 89 Street City New York State NY Zip Code 10024 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981157</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Tatiana Lowe 100 Clinton Road City Bedford Hills State NY Zip Code 10507 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981170</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Levy 642 Heritage Hls # B City Somers State NY Zip Code 10589 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981154</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 655 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>A. Eiseman</b> 140 Woodbrook Road</p> <p>City <b>White Plains</b> State <b>NY</b> Zip Code <b>10605</b></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><b>Transaction ID: 2981218</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Amy Schwartz</b> 5 Mirrielees Circle</p> <p>City <b>Great Neck</b> State <b>NY</b> Zip Code <b>11021</b></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><b>Transaction ID: 2981208</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Kay Barnes Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Ruth Haspel</b> 14 Merrivale Road</p> <p>City <b>Great Neck</b> State <b>NY</b> Zip Code <b>11021</b></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><b>Transaction ID: 2981225</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 657 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981191 Date of Disbursement 10 / 10 / 2007
Mailing Address Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981231 Date of Disbursement 10 / 16 / 2007
Mailing Address Lynn Overgaard 438 E. Bluff Drive		Amount of Each Disbursement this Period 100.00
City Penn Yan State NY Zip Code 14527	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981228 Date of Disbursement 10 / 26 / 2007
Mailing Address Nancy Dickinson 202 Wall Street		Amount of Each Disbursement this Period 50.00
City Corning State NY Zip Code 14830	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 658 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981184 Date of Disbursement 10 / 10 / 2007
Mailing Address Sara Morton 5532 Wilkins Ave.		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981233 Date of Disbursement 10 / 05 / 2007
Mailing Address Marjorie Seward 435 Martin Terrace		Amount of Each Disbursement this Period 50.00
City State College State PA Zip Code 16803	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981162 Date of Disbursement 10 / 01 / 2007
Mailing Address Catherine Stouch 2442 Brookside Lane		Amount of Each Disbursement this Period 100.00
City York State PA Zip Code 17402	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981193 Date of Disbursement 10 / 02 / 2007
Mailing Address Sharon Taylor 524 Park Avenue		Amount of Each Disbursement this Period 100.00
City Lock Haven State PA Zip Code 17745	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981239 Date of Disbursement 10 / 04 / 2007
Mailing Address Julie Skrapits 431 North Ott Street		Amount of Each Disbursement this Period 100.00
City Allentown State PA Zip Code 18104	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981200 Date of Disbursement 10 / 29 / 2007
Mailing Address H Jean Kraft 508 Weir Road		Amount of Each Disbursement this Period 100.00
City Aston State PA Zip Code 19014	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 660 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981211 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Maria Crawford 3300 Darby Road # C404		Amount of Each Disbursement this Period 100.00
City Haverford State PA Zip Code 19041	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981132 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address Joanne Frank 1216 Yarmouth Rd		Amount of Each Disbursement this Period 100.00
City Wynnewood State PA Zip Code 19096	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981160 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Carol Williams 108 Catharine Street		Amount of Each Disbursement this Period 100.00
City Philadelphia State PA Zip Code 19147	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 661 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981249 Date of Disbursement 10 / 16 / 2007
Mailing Address Constance Moore 419 South Camac Street		Amount of Each Disbursement this Period 100.00
City Philadelphia	State PA	
Zip Code 19147		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981236 Date of Disbursement 10 / 01 / 2007
Mailing Address Eugene Hildreth 2000 Cambridge Avenue		Amount of Each Disbursement this Period 250.00
City Wyomissing	State PA	
Zip Code 19610		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981215 Date of Disbursement 10 / 17 / 2007
Mailing Address Rebecca Abel 10 Stone Tower Lane		Amount of Each Disbursement this Period 100.00
City Wilmington	State DE	
Zip Code 19803		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 662 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981084 Date of Disbursement 10 / 30 / 2007
Mailing Address Arthur Lazarus 3201 Fessenden Street, N.W.		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20008	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981051 Date of Disbursement 10 / 04 / 2007
Mailing Address Hope Syverson 19360 Magnolia Grove Sq		Amount of Each Disbursement this Period 100.00
City Leesburg State VA Zip Code 20176	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981077 Date of Disbursement 10 / 12 / 2007
Mailing Address Mary Swift 33195 Millville Road		Amount of Each Disbursement this Period 250.00
City Upperville State VA Zip Code 20184	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 663 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sandra McGann 40955 Delabrooke Road City: Mechanicsville State: MD Zip Code: 20659 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981050 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jane Hammer 10450 Lottsford Road City: Mitchellville State: MD Zip Code: 20721 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981234 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period _____ 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jayne Greene 11 Laird Street City: Rockville State: MD Zip Code: 20850 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981123 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	_____ <b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 664 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981100 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Katherine Hunting 9218 Long Branch Parkway		Amount of Each Disbursement this Period 100.00
City Silver Spring State MD Zip Code 20901	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981139 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Ellen Fye 1019 Woodside Pkwy		Amount of Each Disbursement this Period 100.00
City Silver Spring State MD Zip Code 20910	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981247 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Marilyn Sellman 2 Yearling Way		Amount of Each Disbursement this Period 100.00
City Luthvle Timon State MD Zip Code 21093	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 665 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Elizabeth Peters 11346 Lorien Court 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981230 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Susan Swearingen 1122 N Utah 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981055 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Margaret Platt 807 N. Howard 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981120 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 666 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981188 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address Margaret Ballard 5300 Holmes Run Pky Ph 4		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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981152 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Glenna Tinney 6487 Waterfield Rd		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22315	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981172 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Joyce Ross 2373 Ravenswoos Court		Amount of Each Disbursement this Period 100.00
City Charlottesville State VA Zip Code 22911	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 667 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981074 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Barbara Eidem 3496 Winding Trail Circle		Amount of Each Disbursement this Period 100.00
City Virginia Beach State VA Zip Code 23456	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981101 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Alice Buhl 892 Fearington Post		Amount of Each Disbursement this Period 250.00
City Pittsboro State NC Zip Code 27312	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address Margaret Grissom 120 Martindale Dr.		Amount of Each Disbursement this Period 100.00
City Youngsville State NC Zip Code 27596	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 668 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981079 Date of Disbursement 10 / 23 / 2007
Mailing Address Karen Campbell PO Box 336		Amount of Each Disbursement this Period 50.00
City Union Mills State NC Zip Code 28167	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981201 Date of Disbursement 10 / 22 / 2007
Mailing Address Betty Becker 101-A Cherry Street		Amount of Each Disbursement this Period 50.00
City Black Mountain State NC Zip Code 28711	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981061 Date of Disbursement 10 / 02 / 2007
Mailing Address John Bernhardt 385 Chunn's Cove Road		Amount of Each Disbursement this Period 250.00
City Asheville State NC Zip Code 28805	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 669 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981144 Date of Disbursement 10 / 17 / 2007
Mailing Address Eileen Welsh 1201 Blue Johnson Road		Amount of Each Disbursement this Period 35.00
City Hopkins State SC Zip Code 29061	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981243 Date of Disbursement 10 / 12 / 2007
Mailing Address Judith Feldstein 425 Wembley Circle		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30328	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981059 Date of Disbursement 10 / 19 / 2007
Mailing Address Nancy Lopez 1832 Hartford Path		Amount of Each Disbursement this Period 50.00
City The Villages State FL Zip Code 32162	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 670 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981054 Date of Disbursement 10 / 17 / 2007
Mailing Address Kathleen Brown 4005 Johnson Street		Amount of Each Disbursement this Period 50.00
City Hollywood State FL Zip Code 33021	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981108 Date of Disbursement 10 / 09 / 2007
Mailing Address Gail Silverman 9 Island Avenue, Apt. 1814		Amount of Each Disbursement this Period 100.00
City Miami Beach State FL Zip Code 33139	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981142 Date of Disbursement 10 / 04 / 2007
Mailing Address Donna Rich 6830 S.W. 48th Terrace		Amount of Each Disbursement this Period 100.00
City Miami State FL Zip Code 33155	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 671 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981190 Date of Disbursement 10 / 29 / 2007
Mailing Address Eleanor Weinstock 525 South Flagler Drive		Amount of Each Disbursement this Period 100.00
City West Palm Beach State FL Zip Code 33401	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981251 Date of Disbursement 10 / 23 / 2007
Mailing Address Verne VanBeynum 419 Eagleton Cove Way		Amount of Each Disbursement this Period 25.00
City West Palm Beach State FL Zip Code 33418	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981206 Date of Disbursement 10 / 01 / 2007
Mailing Address Ruth Block 500 SE Mizner Blvd		Amount of Each Disbursement this Period 25.00
City Boca Raton State FL Zip Code 33432	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 672 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981060 Date of Disbursement 10 / 19 / 2007
Mailing Address Anita Levitan 386 Eagle Drive		Amount of Each Disbursement this Period 30.00
City Jupiter State FL Zip Code 33477	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981250 Date of Disbursement 10 / 16 / 2007
Mailing Address Philip Wright 1127 James Blvd		Amount of Each Disbursement this Period 50.00
City Signal Mtn State TN Zip Code 37377	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981187 Date of Disbursement 10 / 17 / 2007
Mailing Address Shirley Klass 226 S. Reese Street		Amount of Each Disbursement this Period 50.00
City Memphis State TN Zip Code 38111	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 673 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981065 Date of Disbursement 10 / 23 / 2007
Mailing Address Marjorie Cox 3782 Taylorsville Road		Amount of Each Disbursement this Period 25.00
City Louisville State KY Zip Code 40220	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981212 Date of Disbursement 10 / 04 / 2007
Mailing Address Edna Rosen 4801 Turnbridge Circle		Amount of Each Disbursement this Period 50.00
City Toledo State OH Zip Code 43623	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981242 Date of Disbursement 10 / 05 / 2007
Mailing Address Barbara Andreas 1366 Mockingbird Drive		Amount of Each Disbursement this Period 100.00
City Kent State OH Zip Code 44240	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 674 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paul Buterbaugh 1208 1/2 Xenia Ave. City Yellow Springs State OH Zip Code 45387 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981140</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Welch 534 Sheffield Drive City Springfield State OH Zip Code 45506 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981186</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shelley Conrath 6451 Old Rt. 33 City Athens State OH Zip Code 45701 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981153</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 675 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981217 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Willard Elsbree 209 Grosvenor Street		Amount of Each Disbursement this Period 50.00
City Athens State OH Zip Code 45701	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981171 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Elvera Shappirio 608 Soule Boulevard		Amount of Each Disbursement this Period 100.00
City Ann Arbor State MI Zip Code 48103	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981180 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Henry Messer 23248 Bonair Street		Amount of Each Disbursement this Period 1000.00
City Dearborn Heights State MI Zip Code 48127	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 676 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leonor McAlpine 130 West Parkhurst City Detroit State MI Zip Code 48203 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981069</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Phyllis Googasian 3750 Orion Road City Oakland State MI Zip Code 48363 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981066</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Andrea Mazzone 1423 W. Maple Avenue City Kalamazoo State MI Zip Code 49008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981202</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 677 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981244 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address William Campbell 425 Ridgeway Street		Amount of Each Disbursement this Period 100.00
City Saint Joseph State MI Zip Code 49085	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981156 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Lillian Fencl 2492 Lakeshore Drive		Amount of Each Disbursement this Period 50.00
City Fennville State MI Zip Code 49408	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981149 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address Diane Farage 2541 Oakwood Dr. SE		Amount of Each Disbursement this Period 100.00
City East Grand Rapids State MI Zip Code 49506	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 678 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981223 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Georgiana Southwick 208 Windsor Drive		Amount of Each Disbursement this Period 100.00
City Waukesha	State WI	
Zip Code 53186		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981063 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Sharon Keigher 1815 N Riverwalk Way		Amount of Each Disbursement this Period 50.00
City Milwaukee	State WI	
Zip Code 53212		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981102 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Warren Hagstrom 916 Shorewood Blvd.		Amount of Each Disbursement this Period 100.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 679 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981210 Date of Disbursement 10 / 14 / 2007
Mailing Address David Young 2109 Tawhee Dr.		Amount of Each Disbursement this Period 100.00
City Madison State WI Zip Code 53711	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981245 Date of Disbursement 10 / 03 / 2007
Mailing Address Ferdinand Schlapper 20 Quail Ridge Dr		Amount of Each Disbursement this Period 100.00
City Madison State WI Zip Code 53717	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981071 Date of Disbursement 10 / 16 / 2007
Mailing Address Mike Goc 1766 Dixie Avenue		Amount of Each Disbursement this Period 50.00
City Friendship State WI Zip Code 53934	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 680 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981129 Date of Disbursement 10 / 02 / 2007
Mailing Address: Suzanne Griffith 2802 W. Skyline Parkway		Amount of Each Disbursement this Period 100.00
City: Duluth State: MN Zip Code: 55806	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981091 Date of Disbursement 10 / 10 / 2007
Mailing Address: Maxine Rost P.O. Box 105		Amount of Each Disbursement this Period 50.00
City: Willard State: MT Zip Code: 59354	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981204 Date of Disbursement 10 / 15 / 2007
Mailing Address: Helen Moshak 5010 Louise Street		Amount of Each Disbursement this Period 50.00
City: Skokie State: IL Zip Code: 60077	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 681 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981163 Date of Disbursement 10 / 05 / 2007
Mailing Address Phyllis Chambers 2419 Fox Meadow Cir		Amount of Each Disbursement this Period 250.00
City Northfield	State IL	
Zip Code 60093		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981137 Date of Disbursement 10 / 13 / 2007
Mailing Address Lynn Hauser 950 N Michigan Avenue		Amount of Each Disbursement this Period 250.00
City Chicago	State IL	
Zip Code 60611		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981110 Date of Disbursement 10 / 12 / 2007
Mailing Address Beverlee Mitchell 3012 West Hollywood Avenue		Amount of Each Disbursement this Period 50.00
City Chicago	State IL	
Zip Code 60659		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981146 Date of Disbursement 10 / 09 / 2007
Mailing Address Robert Phillips 6625 N. Saint Louise Avenue		Amount of Each Disbursement this Period 50.00
City Lincolnwood State IL Zip Code 60712	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981194 Date of Disbursement 10 / 03 / 2007
Mailing Address E. Jeanne Murphey 522 S. Station Road		Amount of Each Disbursement this Period 50.00
City Glen Carbon State IL Zip Code 62034	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981128 Date of Disbursement 10 / 23 / 2007
Mailing Address Mildred Johnson 284 Glen Valley Drive		Amount of Each Disbursement this Period 50.00
City Chesterfield State MO Zip Code 63017	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 683 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981070 Date of Disbursement 10 / 19 / 2007
Mailing Address Christine Garhart 35 Greendale Dr		Amount of Each Disbursement this Period 25.00
City Saint Louis	State MO	
Zip Code 63121		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981198 Date of Disbursement 10 / 03 / 2007
Mailing Address Sarah Kelso 5142 Milburn Road		Amount of Each Disbursement this Period 100.00
City Saint Louis	State MO	
Zip Code 63129		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981122 Date of Disbursement 10 / 09 / 2007
Mailing Address Janet Williamson 1611 Kriste Ct.		Amount of Each Disbursement this Period 250.00
City St. Louis	State MO	
Zip Code 63131		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 685 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981246 Date of Disbursement 10 / 03 / 2007
Mailing Address Denise Gregory 4233 County Road 4006		Amount of Each Disbursement this Period 100.00
City Tebbetts State MO Zip Code 65080	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981182 Date of Disbursement 10 / 03 / 2007
Mailing Address Robert Blake 2322 Meadow Lark Ln.		Amount of Each Disbursement this Period 100.00
City Columbia State MO Zip Code 65201	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981135 Date of Disbursement 10 / 23 / 2007
Mailing Address Virginia Thompson 1601 W. Elm St.		Amount of Each Disbursement this Period 50.00
City Lebanon State MO Zip Code 65536	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 686 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bernice McNeil 209 E. Washita Street City: Springfield State: MO Zip Code: 65807 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981219</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Thelma Taylor 3018 Riverview Road City: Lawrence State: KS Zip Code: 66049 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981109</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sharon Helm 12308 Delmar St City: Leawood State: KS Zip Code: 66209 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981111</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 688 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981112 Date of Disbursement 10 / 03 / 2007
Mailing Address Mary McGuire 840 Kings Highway		Amount of Each Disbursement this Period 100.00
City Shreveport State LA Zip Code 71104	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981093 Date of Disbursement 10 / 23 / 2007
Mailing Address Minnie Carson 12440 Rivercrest Drive		Amount of Each Disbursement this Period 250.00
City Little Rock State AR Zip Code 72212	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981238 Date of Disbursement 10 / 01 / 2007
Mailing Address Marie Steen 432 Ashington Drive		Amount of Each Disbursement this Period 15.00
City Mountain Home State AR Zip Code 72653	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 689 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981178 Date of Disbursement 10 / 09 / 2007
Mailing Address Leslie Oelsner 1451 N. Canterbury Road		Amount of Each Disbursement this Period 100.00
City Fayetteville	State AR	
Zip Code 72701		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981203 Date of Disbursement 10 / 19 / 2007
Mailing Address Deborah Floyd 502 Lexington Lane		Amount of Each Disbursement this Period 50.00
City Richardson	State TX	
Zip Code 75080		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981147 Date of Disbursement 10 / 24 / 2007
Mailing Address Joann Peters 9832 Lake Haven Circle		Amount of Each Disbursement this Period 100.00
City Fort Worth	State TX	
Zip Code 76108		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 690 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981068 Date of Disbursement 10 / 22 / 2007
Mailing Address Louise Carvey 3601 Overton Park Drive East		Amount of Each Disbursement this Period 250.00
City Fort Worth State TX Zip Code 76109	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981216 Date of Disbursement 10 / 04 / 2007
Mailing Address Pauline Edwards-Delaney 4718 Hallmark Drive, # 351		Amount of Each Disbursement this Period 50.00
City Houston State TX Zip Code 77056	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981252 Date of Disbursement 10 / 02 / 2007
Mailing Address Tomas Torres 13510 White Oak Landing		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77065	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 691 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Sharon Fortmeyer-Selan PO Box 1737		Amount of Each Disbursement this Period 100.00
City Cypress State TX Zip Code 77410	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address John Velz 809 W. 32nd Street		Amount of Each Disbursement this Period 100.00
City Austin State TX Zip Code 78705	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981227 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address William Pesetski 4406 88th Street		Amount of Each Disbursement this Period 5.00
City Lubbock State TX Zip Code 79424	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 692 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981189 Date of Disbursement 10 / 03 / 2007
Mailing Address Ruth Stemler 11675 W. 107 Avenue		Amount of Each Disbursement this Period 50.00
City Westminster State CO Zip Code 80021	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981052 Date of Disbursement 10 / 03 / 2007
Mailing Address Nancy Malville 1323 Bluebell Avenue		Amount of Each Disbursement this Period 50.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981107 Date of Disbursement 10 / 16 / 2007
Mailing Address Lise Menn 1625 Mariposa Avenue		Amount of Each Disbursement this Period 25.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 693 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981099 Date of Disbursement 10 / 09 / 2007
Mailing Address Ann Rader 30786 Snowbird Lane		Amount of Each Disbursement this Period 50.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981116 Date of Disbursement 10 / 26 / 2007
Mailing Address Barbara Corwin 1230 Winding Ridge Terrace		Amount of Each Disbursement this Period 100.00
City Colorado Springs State CO Zip Code 80919	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981196 Date of Disbursement 10 / 30 / 2007
Mailing Address Margaret Rawlins 519 Liberty Cap Court		Amount of Each Disbursement this Period 100.00
City Grand Jct State CO Zip Code 81503	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 694 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981056 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Bright Springman 4001 Pinehurst Court		Amount of Each Disbursement this Period 40.00
City Riverton	State WY	
Zip Code 82501		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981199 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Merle Peratis 2174 South Main Street		Amount of Each Disbursement this Period 100.00
City Salt Lake City	State UT	
Zip Code 84115		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981175 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Nancy Munroe 2355 E. Miraval Segundo		Amount of Each Disbursement this Period 500.00
City Tucson	State AZ	
Zip Code 85718		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 695 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981179 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981214 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Mary Lou Tudor 210 E Suntree Street		Amount of Each Disbursement this Period 50.00
City Tucson State AZ Zip Code 85737	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981158 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Margie Sinagra 6380 W Ina Rd		Amount of Each Disbursement this Period 10.00
City Tucson State AZ Zip Code 85743	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 696 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joyce Price 29 Placitas Trails Road City: Placitas State: NM Zip Code: 87043 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981127 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Maurice Becker 10501 Lagrima De Oro Rd NE City: Albuquerque State: NM Zip Code: 87111 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981222 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Norma McCallan 627 Camino Don Emilio City: Santa Fe State: NM Zip Code: 87507 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981159 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 697 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981094 Date of Disbursement 10 / 04 / 2007
Mailing Address Karen Cohen Box 395		Amount of Each Disbursement this Period 35.00
City Dixon State NM Zip Code 87527	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981229 Date of Disbursement 10 / 02 / 2007
Mailing Address David Okrent 439 Veteran Avenue		Amount of Each Disbursement this Period 25.00
City Los Angeles State CA Zip Code 90024	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981067 Date of Disbursement 10 / 30 / 2007
Mailing Address Brenda Eddy 3685 Amesbury Road		Amount of Each Disbursement this Period 100.00
City Los Angeles State CA Zip Code 90027	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 698 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981134 Date of Disbursement 10 / 19 / 2007
Mailing Address Barbara Larsen 7415 Pyramid Place		Amount of Each Disbursement this Period 100.00
City Los Angeles	State CA	
Zip Code 90046		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981161 Date of Disbursement 10 / 06 / 2007
Mailing Address Susan Katz 6230 Wilshire Blvd. #2080		Amount of Each Disbursement this Period 10.00
City Los Angeles	State CA	
Zip Code 90048		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981075 Date of Disbursement 10 / 05 / 2007
Mailing Address Chanin Bradshaw 17300 Ballinger Street		Amount of Each Disbursement this Period 50.00
City Northridge	State CA	
Zip Code 91325		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 699 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981197 Date of Disbursement 10 / 10 / 2007
Mailing Address Elsie Sweeney 21775 Woodland Crest Drive		Amount of Each Disbursement this Period 25.00
City Woodland Hls	State CA	
Zip Code 91364		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981106 Date of Disbursement 10 / 18 / 2007
Mailing Address Marylouise Stafford 900 E Harrison Avenue, H 4		Amount of Each Disbursement this Period 200.00
City Pomona	State CA	
Zip Code 91767		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981062 Date of Disbursement 10 / 17 / 2007
Mailing Address Rita Garrett 3849 Elderberry Glen		Amount of Each Disbursement this Period 100.00
City Escondido	State CA	
Zip Code 92025		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 700 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Thompson 1435 Crestline Dr City: Santa Barbara State: CA Zip Code: 93105 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981185</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Crain 2905 Bliss Avenue City: Clovis State: CA Zip Code: 93611 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981125</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Rowena Kratzer P.O. Box 477 City: North Fork State: CA Zip Code: 93643 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981085</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 701 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981115 Date of Disbursement 10 / 12 / 2007
Mailing Address Deborah Wright 815 Doud Street		Amount of Each Disbursement this Period 50.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981174 Date of Disbursement 10 / 05 / 2007
Mailing Address Gary Hedden 605 Harrington Avenue		Amount of Each Disbursement this Period 100.00
City Los Altos State CA Zip Code 94024	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981090 Date of Disbursement 10 / 04 / 2007
Mailing Address Dorothy Knecht 17 Bret Harte Terrace		Amount of Each Disbursement this Period 500.00
City San Francisco State CA Zip Code 94133	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 702 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981083 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Vincent Piantanida P.O. Box 883431		Amount of Each Disbursement this Period 50.00
City San Francisco State CA Zip Code 94188	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981095 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Anne Ehrlich Biological Sciences		Amount of Each Disbursement this Period 100.00
City Stanford State CA Zip Code 94305	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981165 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Hester Gelber P.O. Box 20207		Amount of Each Disbursement this Period 150.00
City Stanford State CA Zip Code 94309	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 703 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Rita Vandenburg 3972 Amyx Ct City: Hayward State: CA Zip Code: 94542 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 2981058 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Ann Staley 2609 Golden Rain Road#2 City: Walnut Creek State: CA Zip Code: 94595 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 2981141 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 2981254 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 704 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Kathleen Costa 1122 El Centro Avenue		Amount of Each Disbursement this Period 25.00
City Oakland State CA Zip Code 94602	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981143 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Olivia Eielson 6817 Colton Boulevard		Amount of Each Disbursement this Period 50.00
City Oakland State CA Zip Code 94611	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981192 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address Mary Louise Morrison 525 Moraga Ave		Amount of Each Disbursement this Period 50.00
City Piedmont State CA Zip Code 94611	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 705 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Madeline Mixer 76 Bonnie Lane 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981131 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Erica Goode 615 Cypress Point Road City: Richmond State: CA Zip Code: 94801 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981166 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 2981130 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 706 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julie Monson P.O. Box 1029 City Point Reyes Sta. State CA Zip Code 94956 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981092</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Esther Sinclair 43 Tamalpais Ave City San Anselmo State CA Zip Code 94960 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981240</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leslie Andrews 905 3rd Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981105</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 707 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981169 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address Sonja Peterson 2395 Delaware Ave #193		Amount of Each Disbursement this Period 25.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981148 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Gail Tucker 6605 Montecito Blvd.		Amount of Each Disbursement this Period 25.00
City Santa Rosa State CA Zip Code 95409	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981119 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address Helen Morrison 2959 Burnside Road		Amount of Each Disbursement this Period 200.00
City Sebastopol State CA Zip Code 95472	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 708 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981177 Date of Disbursement 10 / 09 / 2007
Mailing Address Phyllis Broyles P.O. Box 2216		Amount of Each Disbursement this Period 40.00
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981237 Date of Disbursement 10 / 22 / 2007
Mailing Address Jack Estes 1367 E Lindo Ave # 1A		Amount of Each Disbursement this Period 100.00
City Chico	State CA	
Zip Code 95926		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981220 Date of Disbursement 10 / 17 / 2007
Mailing Address Kathryn Whitmire 46-192 Lilipuna Road		Amount of Each Disbursement this Period 250.00
City Kaneohe	State HI	
Zip Code 96744		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 709 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julie Thomson 3135 NW Circle A Drive City Portland State OR Zip Code 97229 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2981089 Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pat Lewis PO Box 675 City South Beach State OR Zip Code 97366 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2981255 Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susanne Fountain 1997 Shiloh St. City Eugene State OR Zip Code 97401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 2981253 Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 710 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981097 Date of Disbursement 10 / 17 / 2007
Mailing Address Catherine Smith 85316 Coyote Creek Road		Amount of Each Disbursement this Period 250.00
City Veneta State OR Zip Code 97487	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981117 Date of Disbursement 10 / 24 / 2007
Mailing Address Jean Maack 2983 Siskiyou Boulevard		Amount of Each Disbursement this Period 100.00
City Medford State OR Zip Code 97504	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981136 Date of Disbursement 10 / 01 / 2007
Mailing Address Donna Stevens 720 Seneca Street		Amount of Each Disbursement this Period 125.00
City Seattle State WA Zip Code 98101	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kay Barnes Contributions</b>		Transaction ID: 2981121 Date of Disbursement 10 / 03 / 2007
Mailing Address Virginia Rankin 1222 NE 100th Street		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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Barnes Contributions</b>		Transaction ID: 2981053 Date of Disbursement 10 / 04 / 2007
Mailing Address Karen Summers 401 Hillcrest Way		Amount of Each Disbursement this Period 50.00
City Bellingham State WA Zip Code 98225	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Barnes Contributions</b>		Transaction ID: 2981113 Date of Disbursement 10 / 04 / 2007
Mailing Address Nancy Nordhoff 835 Sixth Street		Amount of Each Disbursement this Period 1000.00
City Langley State WA Zip Code 98260	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Johnson P.O. Box 323 City Orcas State WA Zip Code 98280 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981088</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Taylor 46 Village Way City Port Ludlow State WA Zip Code 98365 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981221</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kay Barnes Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Christopher Maurer 205 N3 Carpenter Road SE City Lacey State WA Zip Code 98503 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981226</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<b>A. Kay Barnes Contributions</b> 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981168</b> Date of Disbursement: 10 / 24 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Pennell 307 Spencer Dr 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981258</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Priscilla Leith 162 Islington Road City: Newton State: MA Zip Code: 02466 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981256</b> Date of Disbursement: 10 / 24 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Olsen 5132 Saint Davids Drive City Vero Beach State FL Zip Code 32967 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981260</b> Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lorraine Arnold 7760 S. Windermere Street City Littleton State CO Zip Code 80120 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981257</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Katz 6230 Wilshire Blvd. #2080 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981259</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 715 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathryn Whitmire 46-192 Lilipuna Road City: Kaneohe State: HI Zip Code: 96744 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981261</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Mary Jo Kilroy Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ellen Malcolm 1120 Connecticut Ave. NW City: Washington State: DC Zip Code: 20036 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981262</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 1000.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lucy Benson 46 Sunset Ave 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981431</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alden Vaughan 50 Howland Terrace City Worcester State MA Zip Code 01602 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981420</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Betsy Weaver 3 Storey Place City Jamaica Plain State MA Zip Code 02130 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981328</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address George Field 47 Garden St. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981428</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 717 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lucy Stroock 55 Frost St. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981398</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ken 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981276</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julia Harper 156 Cedar Ave. City Arlington State MA Zip Code 02476 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981356</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

PAGE 718 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981292 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address Susan Chase PO Box 311		Amount of Each Disbursement this Period 100.00
City Andover State NH Zip Code 03216	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981301 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Margaret Behrle P.O. Box 437		Amount of Each Disbursement this Period 200.00
City Granham State NH Zip Code 03753	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981338 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Evelyn Spiegel 80 Lyme Rd Apt 363		Amount of Each Disbursement this Period 100.00
City Hanover State NH Zip Code 03755	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 719 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address: Dauna Binder 50 Mabel St City: Portland State: ME Zip Code: 04103 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981419</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address: Cheryl Wilfong 314 Partridge Road City: E Dummerston State: VT Zip Code: 05346 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981302</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address: Eileen Storey 65 Nassahegan Dr City: Burlington State: CT Zip Code: 06013 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981359</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 720 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981294</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Robert Schumann P.O. Box 813</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>City Madison State CT Zip Code 06443</p>		
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981417</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Estelle Meislich 2150 Center Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City Fort Lee State NJ Zip Code 07024</p>		
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>C. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 2981391</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>
<p>Mailing Address Patricia Kenschaft 56 Gordonhurst Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City Upper Montclair State NJ Zip Code 07043</p>		
<p>Purpose of Disbursement Candidate Contrib Earmarked</p>		<p><b>[MEMO ITEM]</b> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 721 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981375 Date of Disbursement 10 / 09 / 2007
Mailing Address Linda Rosanio 12 Hidden Acres Drive		Amount of Each Disbursement this Period 250.00
City Voorhees State NJ Zip Code 08043	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981384 Date of Disbursement 10 / 01 / 2007
Mailing Address Martha Brandriff 601 W Holly Avenue, Apt. 63		Amount of Each Disbursement this Period 25.00
City Pitman State NJ Zip Code 08071	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981286 Date of Disbursement 10 / 24 / 2007
Mailing Address Wendy Benchley 35 Boudinot Street		Amount of Each Disbursement this Period 500.00
City Princeton State NJ Zip Code 08540	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 722 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981352 Date of Disbursement 10 / 04 / 2007
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981396 Date of Disbursement 10 / 06 / 2007
Mailing Address Sallie Gouverneur 10 bleecker street		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10012		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981444 Date of Disbursement 10 / 04 / 2007
Mailing Address Elizabeth Shapiro 20 Sutton Place South		Amount of Each Disbursement this Period 25.00
City New York	State NY	
Zip Code 10022		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 723 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981265 Date of Disbursement 10 / 20 / 2007
Mailing Address Roslyne Stern 1930 Broadway #25C		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10023	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981370 Date of Disbursement 10 / 18 / 2007
Mailing Address Nancy Solomon 151 Central Park West		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10023	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981326 Date of Disbursement 10 / 10 / 2007
Mailing Address Valerie Rowe 300 Central Park West 29G		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10024	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981366 Date of Disbursement 10 / 15 / 2007
Mailing Address Robert Kolodny 64 W 89 Street		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10024	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981339 Date of Disbursement 10 / 04 / 2007
Mailing Address Mary Samuels 775 Park Avenue		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10065	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981424 Date of Disbursement 10 / 01 / 2007
Mailing Address Phyllis Wender 115 E 67th Street #6C		Amount of Each Disbursement this Period 200.00
City New York State NY Zip Code 10065	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 725 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Tatiana Lowe 100 Clinton Road City: Bedford Hills State: NY Zip Code: 10507 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981337</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Levy 642 Heritage Hls # B City: Somers State: NY Zip Code: 10589 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981362</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Coltrera 69 Willow Street City: Brooklyn State: NY Zip Code: 11201 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981353</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 726 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patsy Rogers P.O. 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981298</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Daniel vanLeeuwen 131 Grandview Drive City Cobleskill State NY Zip Code 12043 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981268</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carol Kinney 1034 Pennsbury Blvd City Pittsburgh State PA Zip Code 15205 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981282</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 727 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Margaret Buckwalter 249 Maple Drive City Shippenville State PA Zip Code 16254 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981369</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Marjorie Seward 435 Martin Terrace City State College State PA Zip Code 16803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981439</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Catherine Stouch 2442 Brookside Lane City York State PA Zip Code 17402 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981373</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981272 Date of Disbursement 10 / 17 / 2007
Mailing Address Faye Gelhard 1307 Edgewood Drive		Amount of Each Disbursement this Period 100.00
City East Earl State PA Zip Code 17519	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981271 Date of Disbursement 10 / 03 / 2007
Mailing Address Elinor Finkelstein 1307 Stotesbury Avenue		Amount of Each Disbursement this Period 25.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981293 Date of Disbursement 10 / 03 / 2007
Mailing Address Henry Dasenbrock 3300 Darby Road, Apt. 4105		Amount of Each Disbursement this Period 50.00
City Haverford State PA Zip Code 19041	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 729 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions		<b>Transaction ID:</b> 2981413 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions		<b>Transaction ID:</b> 2981442 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Eugene Hildreth 2000 Cambridge Avenue		Amount of Each Disbursement this Period 250.00
City Wyomissing State PA Zip Code 19610	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions		<b>Transaction ID:</b> 2981295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address Arthur Lazarus 3201 Fessenden Street, N.W.		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20008	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Melissa Bean Contributions**

Full Name (Last, First, Middle Initial)  
Melissa Bean

Mailing Address Alison Steadman  
2960 Newark Street, N.W.

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2981333  
Date of Disbursement 10 / 17 / 2007

Amount of Each Disbursement this Period 100.00

[MEMO ITEM]  
MEMO

**B. Melissa Bean Contributions**

Full Name (Last, First, Middle Initial)  
Melissa Bean

Mailing Address Shana Lynngood  
311 Rock Creek Church Rd. NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2981307  
Date of Disbursement 10 / 22 / 2007

Amount of Each Disbursement this Period 25.00

[MEMO ITEM]  
MEMO

**C. Melissa Bean Contributions**

Full Name (Last, First, Middle Initial)  
Melissa Bean

Mailing Address Hope Syverson  
19360 Magnolia Grove Sq

City Leesburg State VA Zip Code 20176

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2981263  
Date of Disbursement 10 / 04 / 2007

Amount of Each Disbursement this Period 100.00

[MEMO ITEM]  
MEMO

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 731 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981290 Date of Disbursement 10 / 12 / 2007
Mailing Address Mary Swift 33195 Millville Road		Amount of Each Disbursement this Period 250.00
City Upperville	State VA	
Zip Code 20184		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981381 Date of Disbursement 10 / 19 / 2007
Mailing Address Juliet Wurr 6070 Beirut Place		Amount of Each Disbursement this Period 250.00
City Dulles	State VA	
Zip Code 20189		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981411 Date of Disbursement 10 / 30 / 2007
Mailing Address Barbara Stowe 11507 Woodstock Way		Amount of Each Disbursement this Period 250.00
City Reston	State VA	
Zip Code 20194		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 732 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Marilyn Sellman 2 Yearling Way</p> <p>City Luthvle Timon State MD Zip Code 21093</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981448 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Elizabeth Peters 11346 Lorien Court</p> <p>City Frederick State MD Zip Code 21701</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981436 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Rilla Whitten P.O. Box 651</p> <p>City Ocean City State MD Zip Code 21843</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981297 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 733 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981335 Date of Disbursement 10 / 12 / 2007
Mailing Address Margaret Platt 807 N. Howard		Amount of Each Disbursement this Period 100.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981351 Date of Disbursement 10 / 09 / 2007
Mailing Address Elizabeth Lonoff 7000 Polins Court		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22306	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981347 Date of Disbursement 10 / 05 / 2007
Mailing Address Marjorie Witting 7116 Fort Hunt Rd Apt 387		Amount of Each Disbursement this Period 250.00
City Alexandria State VA Zip Code 22307	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981360 Date of Disbursement 10 / 04 / 2007
Mailing Address Glenna Tinney 6487 Waterfield Rd		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981380 Date of Disbursement 10 / 03 / 2007
Mailing Address Joyce Ross 2373 Ravenswoos Court		Amount of Each Disbursement this Period 100.00
City Charlottesville	State VA	
Zip Code 22911		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981319 Date of Disbursement 10 / 03 / 2007
Mailing Address Alice Buhl 892 Fearington Post		Amount of Each Disbursement this Period 250.00
City Pittsboro	State NC	
Zip Code 27312		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 735 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981318 Date of Disbursement 10 / 17 / 2007
Mailing Address Sarah Deutsch 3018 Glenwood Dr		Amount of Each Disbursement this Period 50.00
City Durham State NC Zip Code 27705	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981291 Date of Disbursement 10 / 23 / 2007
Mailing Address Karen Campbell PO Box 336		Amount of Each Disbursement this Period 50.00
City Union Mills State NC Zip Code 28167	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981273 Date of Disbursement 10 / 02 / 2007
Mailing Address John Bernhardt 385 Chunn's Cove Road		Amount of Each Disbursement this Period 250.00
City Asheville State NC Zip Code 28805	Purpose of Disbursement Candidate Contrib Earmarked	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 736 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981269 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address Belle McMaster 4 Downshire Lane		Amount of Each Disbursement this Period 250.00
City Atlanta State GA Zip Code 30033	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981357 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address Laura Smith 2575 Peachtree Road # 18E		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30305	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981275 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address Margaret Weber-Levine 373 Sargent Drive SE		Amount of Each Disbursement this Period 250.00
City Atlanta State GA Zip Code 30315	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 737 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981446 Date of Disbursement 10 / 12 / 2007
Mailing Address Judith Feldstein 425 Wembley Circle		Amount of Each Disbursement this Period 25.00
City Atlanta State GA Zip Code 30328	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981322 Date of Disbursement 10 / 03 / 2007
Mailing Address Deborah Meitin 877 Victoria Terrace		Amount of Each Disbursement this Period 50.00
City Altamonte Spring State FL Zip Code 32701	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981317 Date of Disbursement 10 / 09 / 2007
Mailing Address Gail Silverman 9 Island Avenue, Apt. 1814		Amount of Each Disbursement this Period 250.00
City Miami Beach State FL Zip Code 33139	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 738 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Shirley Gleich 8116 Pine Circle</p> <p>City Tamarac State FL Zip Code 33321</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: 2981329</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Eleanor Weinstock 525 South Flagler Drive</p> <p>City West Palm Beach State FL Zip Code 33401</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: 2981403</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Verne VanBeynum 419 Eagleton Cove Way</p> <p>City West Palm Beach State FL Zip Code 33418</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: 2981454</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 739 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ruth Block 500 SE Mizner Blvd City Boca Raton State FL Zip Code 33432 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981416</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rosalie Goldberg 1241 Gulf of Mexico Drive City Longboat Key State FL Zip Code 34228 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981312</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Philip Wright 1127 James Blvd City Signal Mtn State TN Zip Code 37377 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981451</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 740 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981314 Date of Disbursement 10 / 01 / 2007
Mailing Address Arlene Skolnick 3023 Wickland Road		Amount of Each Disbursement this Period 25.00
City Louisville	State KY	
Zip Code 40205		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981427 Date of Disbursement 10 / 16 / 2007
Mailing Address Anne Lindstrom 209 Idlewyde Dr.		Amount of Each Disbursement this Period 50.00
City Louisville	State KY	
Zip Code 40206		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981270 Date of Disbursement 10 / 09 / 2007
Mailing Address Connie Lybarger 188 Bridgeport Way		Amount of Each Disbursement this Period 100.00
City Delaware	State OH	
Zip Code 43015		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 741 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981408 Date of Disbursement 10 / 29 / 2007
Mailing Address Rowena Compton 143 Fenway Rd		Amount of Each Disbursement this Period 100.00
City Columbus State OH Zip Code 43214	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981425 Date of Disbursement 10 / 04 / 2007
Mailing Address Edna Rosen 4801 Turnbridge Circle		Amount of Each Disbursement this Period 50.00
City Toledo State OH Zip Code 43623	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981393 Date of Disbursement 10 / 24 / 2007
Mailing Address Ruth Searles 106 Kendal Dr		Amount of Each Disbursement this Period 100.00
City Oberlin State OH Zip Code 44074	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 742 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alan Chambers 3499 Windisch Avenue 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981287</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paula Susemichel 5703 Broadway Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981389</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dixie Welch 634 Moss Creek Court City Bloomington State IN Zip Code 47401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981368</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Wheeler 2306 E. Wimbleton Lane City Bloomington State IN Zip Code 47401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981397</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Fink 1215 Shady Oaks Drive 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981344</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jean Andrews 15081 Ford Road Pt. 319 City Dearborn State MI Zip Code 48126 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981372</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 744 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981284 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Leonor McAlpine 130 West Parkhurst		Amount of Each Disbursement this Period 250.00
City Detroit State MI Zip Code 48203	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981320 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Effie Ambler 883 Lakepointe		Amount of Each Disbursement this Period 100.00
City Grosse Pointe Park State MI Zip Code 48230	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981274 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Phyllis Googasian 3750 Orion Road		Amount of Each Disbursement this Period 100.00
City Oakland State MI Zip Code 48363	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 745 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Patterson 4358 Dell Rd Apt B City: Lansing State: MI Zip Code: 48911 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981438</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Andrea Mazzone 1423 W. Maple Avenue City: Kalamazoo State: MI Zip Code: 49008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981410</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Diane Gallivan 4339 Squire Heath Road City: Portage State: MI Zip Code: 49024 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981441</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Lillian Fencl 2492 Lakeshore Drive City Fennville State MI Zip Code 49408 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981365</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Sarah Paulson 416 N. Linn Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981455</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Georgiana Southwick 208 Windsor Drive City Waukesha State WI Zip Code 53186 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981432</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 747 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981447 Date of Disbursement 10 / 03 / 2007
Mailing Address Ferdinand Schlapper 20 Quail Ridge Dr		Amount of Each Disbursement this Period 100.00
City Madison State WI Zip Code 53717	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981285 Date of Disbursement 10 / 16 / 2007
Mailing Address Mike Goc 1766 Dixie Avenue		Amount of Each Disbursement this Period 50.00
City Friendship State WI Zip Code 53934	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981412 Date of Disbursement 10 / 05 / 2007
Mailing Address Lisa Mink 2168 16th Street		Amount of Each Disbursement this Period 100.00
City Rice Lake State WI Zip Code 54868	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 748 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robbin Frazier 7345 France Avenue N. City Minneapolis State MN Zip Code 55443 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981345</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ronald Regal 2129 Sussex City Duluth State MN Zip Code 55803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981421</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Mason 1415 Broadway N. Apt. 202 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981422</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 749 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Nancy Curriden 640 Sapphire Avenue City Billings State MT Zip Code 59105 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981364</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Carol Murray 2319 N. Brighton Place City Arlington Hts. State IL Zip Code 60004 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981392</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Nancy Dorsey 811 E. Central Road City Arlington Heights State IL Zip Code 60005 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981330</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 750 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981348 Date of Disbursement 10 / 17 / 2007
Mailing Address Alfred Margol 711 W White Oak St		Amount of Each Disbursement this Period 50.00
City Arlington Hts State IL Zip Code 60005	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981406 Date of Disbursement 10 / 24 / 2007
Mailing Address Joy Silver 1059 W Skylark Drive		Amount of Each Disbursement this Period 100.00
City Palatine State IL Zip Code 60067	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981414 Date of Disbursement 10 / 15 / 2007
Mailing Address Helen Moshak 5010 Louise Street		Amount of Each Disbursement this Period 50.00
City Skokie State IL Zip Code 60077	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 751 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Chambers 2419 Fox Meadow Cir 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981374</b> Date of Disbursement: 10 / 05 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Iverson 961 Adare Drive City: Wheaton State: IL Zip Code: 60187 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981310</b> Date of Disbursement: 10 / 02 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Deborah Gray 915 Arbor Avenue City: Wheaton State: IL Zip Code: 60187 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981313</b> Date of Disbursement: 10 / 17 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 752 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981405 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Lynne Firestone 52 Salem Lane		Amount of Each Disbursement this Period 35.00
City Evanston State IL Zip Code 60203	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981376 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address Elisabeth Muhlenberg 615 S. Kenilworth Avenue		Amount of Each Disbursement this Period 50.00
City Oak Park State IL Zip Code 60304	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981445 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address Margaret Phelps 428 Illinois Street		Amount of Each Disbursement this Period 100.00
City Park Forest State IL Zip Code 60466	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 753 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Patricia Pardee 362 North Jefferson Street City Batavia State IL Zip Code 60510 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981279</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Joan Parker 406 N. Clinton Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981264</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Francine Kim 1444 N Orleans St Apt 6K 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981388</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 754 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dawn Netsch 1700 North Hudson Avenue City Chicago State IL Zip Code 60614 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981300</b> Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Arlene Hardy 2314 N Lakewood Ave City Chicago State IL Zip Code 60614 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981395</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address David Jablonski 5750 S. Kenwood Avenue City Chicago State IL Zip Code 60637 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981387</b> Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 755 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ann Becker 1416 East 56 St City: Chicago State: IL Zip Code: 60637 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981418</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Linda Harlan 7465 S. South Shore Drive City: Chicago State: IL Zip Code: 60649 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981342</b> Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Beverlee Mitchell 3012 West Hollywood Avenue City: Chicago State: IL Zip Code: 60659 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981321</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 756 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981358 Date of Disbursement 10 / 09 / 2007
Mailing Address Robert Phillips 6625 N. Saint Louise Avenue		Amount of Each Disbursement this Period 50.00
City Lincolnwood State IL Zip Code 60712	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981385 Date of Disbursement 10 / 16 / 2007
Mailing Address Nancy England 593 Knox Road 1300 E.		Amount of Each Disbursement this Period 50.00
City Maquon State IL Zip Code 61458	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981296 Date of Disbursement 10 / 05 / 2007
Mailing Address Floride Kidder 12616 W. Crescent Drive		Amount of Each Disbursement this Period 250.00
City Dunlap State IL Zip Code 61525	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 757 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Annette Stumpf</b> 319 Elmwood Drive City <b>Champaign</b> State <b>IL</b> Zip Code <b>61821</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981299</b> Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Barbara French</b> 741 S Cass Street City <b>Virginia</b> State <b>IL</b> Zip Code <b>62691</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981343</b> Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Janet Williamson</b> 1611 Kriste Ct. City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63131</b> Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981336</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 758 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Ann Craig 1715 Catherine Court City Spanish Lake State MO Zip Code 63138 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981289</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Robert Blake 2322 Meadow Lark Ln. City Columbia State MO Zip Code 65201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981390</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Melissa Bean Contributions Mailing Address Thelma Taylor 3018 Riverview Road City Lawrence State KS Zip Code 66049 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981323</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

PAGE 759 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Margaret Gannon 6111 Parterre Dr.</p> <p>City Baton Rouge State LA Zip Code 70817</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981378 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Mary McGuire 840 Kings Highway</p> <p>City Shreveport State LA Zip Code 71104</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981327 <b>Date of Disbursement</b> 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Melissa Bean Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Bean</p> <p>Mailing Address Marie Steen 432 Ashington Drive</p> <p>City Mountain Home State AR Zip Code 72653</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 2981443 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 760 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981386 Date of Disbursement 10 / 09 / 2007
Mailing Address Leslie Oelsner 1451 N. Canterbury Road		Amount of Each Disbursement this Period 25.00
City Fayetteville	State AR	
Zip Code 72701		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981400 Date of Disbursement 10 / 09 / 2007
Mailing Address Julie Lowenberg 5321 Drane Drive		Amount of Each Disbursement this Period 50.00
City Dallas	State TX	
Zip Code 75209		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981280 Date of Disbursement 10 / 22 / 2007
Mailing Address Louise Carvey 3601 Overton Park Drive East		Amount of Each Disbursement this Period 250.00
City Fort Worth	State TX	
Zip Code 76109		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 761 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981426 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address Pauline Edwards-Delaney 4718 Hallmark Drive, # 351		Amount of Each Disbursement this Period 50.00
City Houston State TX Zip Code 77056	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981452 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Tomas Torres 13510 White Oak Landing		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77065	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981449 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Mervin Rosenbaum 423 Willow Lane		Amount of Each Disbursement this Period 50.00
City Baytown State TX Zip Code 77520	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 762 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981332 Date of Disbursement 10 / 03 / 2007
Mailing Address John Velz 809 W. 32nd Street		Amount of Each Disbursement this Period 100.00
City Austin State TX Zip Code 78705	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981435 Date of Disbursement 10 / 19 / 2007
Mailing Address William Pesetski 4406 88th Street		Amount of Each Disbursement this Period 5.00
City Lubbock State TX Zip Code 79424	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981379 Date of Disbursement 10 / 10 / 2007
Mailing Address Elizabeth Luce 61 Charlou Cir		Amount of Each Disbursement this Period 100.00
City Englewood State CO Zip Code 80111	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 763 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981433 Date of Disbursement 10 / 01 / 2007
Mailing Address Elizabeth Rave 4599 W. 36th Place, Unit 7		Amount of Each Disbursement this Period 25.00
City Denver State CO Zip Code 80212	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981316 Date of Disbursement 10 / 16 / 2007
Mailing Address Lise Menn 1625 Mariposa Avenue		Amount of Each Disbursement this Period 25.00
City Boulder State CO Zip Code 80302	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981434 Date of Disbursement 10 / 04 / 2007
Mailing Address Gail Johnson 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 764 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981363 Date of Disbursement 10 / 04 / 2007
Mailing Address Marianna Paulson 152 W. Dundee Road		Amount of Each Disbursement this Period 100.00
City Dillon State CO Zip Code 80435	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981415 Date of Disbursement 10 / 02 / 2007
Mailing Address Margery Fridstein PO 5926		Amount of Each Disbursement this Period 100.00
City Snowmass Village State CO Zip Code 81615	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981267 Date of Disbursement 10 / 03 / 2007
Mailing Address Bright Springman 4001 Pinehurst Court		Amount of Each Disbursement this Period 40.00
City Riverton State WY Zip Code 82501	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981383 Date of Disbursement 10 / 03 / 2007
Mailing Address Nancy Munroe 2355 E. Miraval Segundo		Amount of Each Disbursement this Period 500.00
City Tucson State AZ Zip Code 85718	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981430 Date of Disbursement 10 / 10 / 2007
Mailing Address Maurice Becker 10501 Lagrima De Oro Rd NE		Amount of Each Disbursement this Period 40.00
City Albuquerque State NM Zip Code 87111	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981346 Date of Disbursement 10 / 24 / 2007
Mailing Address Jill Sengel 2748 Fort Myer Avenue		Amount of Each Disbursement this Period 100.00
City Henderson State NV Zip Code 89052	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 766 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981437 Date of Disbursement 10 / 02 / 2007
Mailing Address David Okrent 439 Veteran Avenue		Amount of Each Disbursement this Period 25.00
City Los Angeles State CA Zip Code 90024	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981371 Date of Disbursement 10 / 06 / 2007
Mailing Address Susan Katz 6230 Wilshire Blvd. #2080		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90048	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981354 Date of Disbursement 10 / 03 / 2007
Mailing Address Mary Lerza 2600 Overland Avenue #101		Amount of Each Disbursement this Period 100.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 767 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981306 Date of Disbursement 10 / 23 / 2007
Mailing Address Deanna Anthony 3113 Pacific Avenue		Amount of Each Disbursement this Period 100.00
City Manhattan Beach State CA Zip Code 90266	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981367 Date of Disbursement 10 / 23 / 2007
Mailing Address LaRonda Bowen 64 N Mar Vista Ave Apt 206		Amount of Each Disbursement this Period 50.00
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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981288 Date of Disbursement 10 / 05 / 2007
Mailing Address Chanin Bradshaw 17300 Ballinger Street		Amount of Each Disbursement this Period 100.00
City Northridge State CA Zip Code 91325	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 768 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ann Margucci 16845 Gresham Street City: Northridge State: CA Zip Code: 91343 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981311</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Reva Biers 4631 Ellenita Ave City: Tarzana State: CA Zip Code: 91356 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981429</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elsie Sweeney 21775 Woodland Crest Drive City: Woodland Hls State: CA Zip Code: 91364 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981407</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 769 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981334 Date of Disbursement 10 / 09 / 2007
Mailing Address Marla Jensen 1615 Bittern Ct.		Amount of Each Disbursement this Period 100.00
City Carlsbad State CA Zip Code 92011	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981453 Date of Disbursement 10 / 21 / 2007
Mailing Address Eileen Tsai 2 Falling Leaf		Amount of Each Disbursement this Period 25.00
City Irvine State CA Zip Code 92612	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981277 Date of Disbursement 10 / 19 / 2007
Mailing Address Linda White 1120 E. Balboa Boulevard		Amount of Each Disbursement this Period 250.00
City Balboa State CA Zip Code 92661	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 770 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Thompson 1435 Crestline Dr City: Santa Barbara State: CA Zip Code: 93105 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981399</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Penelope Borden 1018 Monte Drive City: Santa Barbara State: CA Zip Code: 93110 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981361</b> Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Strang 2669 Traditions Loop City: Paso Robles State: CA Zip Code: 93446 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981350</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 771 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981401 Date of Disbursement 10 / 17 / 2007
Mailing Address Ellen Werback 529 Kevin Court		Amount of Each Disbursement this Period 250.00
City Ridgecrest State CA Zip Code 93555	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981382 Date of Disbursement 10 / 05 / 2007
Mailing Address Gary Hedden 605 Harrington Avenue		Amount of Each Disbursement this Period 100.00
City Los Altos State CA Zip Code 94024	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981340 Date of Disbursement 10 / 03 / 2007
Mailing Address Laura Iraci 161 Ada Avenue		Amount of Each Disbursement this Period 50.00
City Mountain View State CA Zip Code 94043	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 772 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981394 Date of Disbursement 10 / 09 / 2007
Mailing Address Byron Bray 56 Alma Street		Amount of Each Disbursement this Period 100.00
City San Francisco	State CA	
Zip Code 94117		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981305 Date of Disbursement 10 / 04 / 2007
Mailing Address Dorothy Knecht 17 Bret Harte Terrace		Amount of Each Disbursement this Period 500.00
City San Francisco	State CA	
Zip Code 94133		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981325 Date of Disbursement 10 / 09 / 2007
Mailing Address Richard Lyman 850 Webster Street		Amount of Each Disbursement this Period 100.00
City Palo Alto	State CA	
Zip Code 94301		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 773 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981423 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address Nancy Fogel 4881 Cobbler Court		Amount of Each Disbursement this Period 25.00
City Pleasanton State CA Zip Code 94566	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981355 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Olivia Eielson 6817 Colton Boulevard		Amount of Each Disbursement this Period 50.00
City Oakland State CA Zip Code 94611	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981309 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address Marilyn Heilman 1020 Miller Ave		Amount of Each Disbursement this Period 100.00
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 774 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Madeline Mixer 76 Bonnie Lane 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981341</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marian Gade 136 Highland Blvd. City: Kensington 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981450</b> Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Erica Goode 615 Cypress Point Road City: Richmond State: CA Zip Code: 94801 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981377</b> Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 775 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981278 Date of Disbursement 10 / 10 / 2007
Mailing Address Eileen Hinkson 100 Thorndale Drive, Apt. 262		Amount of Each Disbursement this Period 100.00
City San Rafael State CA Zip Code 94903	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981456 Date of Disbursement 10 / 04 / 2007
Mailing Address Ramona Chipman 1341 Denlyn Street		Amount of Each Disbursement this Period 50.00
City Novato State CA Zip Code 94947	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981308 Date of Disbursement 10 / 05 / 2007
Mailing Address Julie Monson P.O. Box 1029		Amount of Each Disbursement this Period 100.00
City Point Reyes Sta. State CA Zip Code 94956	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 776 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Tina Kroot-Jeffkroot 222 Crescent Road City San Anselmo State CA Zip Code 94960 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981402</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leslie Andrews 905 3rd Street 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981315</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Taylor 130 Westgate Circle City Santa Rosa State CA Zip Code 95401 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 2981281</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

PAGE 777 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981303 Date of Disbursement 10 / 09 / 2007
Mailing Address Phyllis Broyles P.O. Box 2216		Amount of Each Disbursement this Period 50.00
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981349 Date of Disbursement 10 / 29 / 2007
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981409 Date of Disbursement 10 / 01 / 2007
Mailing Address Audrey Warren 511 Estates Drive		Amount of Each Disbursement this Period 100.00
City Sacramento	State CA	
Zip Code 95864		[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981440 Date of Disbursement 10 / 22 / 2007
Mailing Address Jack Estes 1367 E Lindo Ave # 1A		Amount of Each Disbursement this Period 100.00
City Chico State CA Zip Code 95926	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981404 Date of Disbursement 10 / 03 / 2007
Mailing Address Belle Bernatowicz 1434 Punahou Street Apt. 401		Amount of Each Disbursement this Period 100.00
City Honolulu State HI Zip Code 96822	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981304 Date of Disbursement 10 / 04 / 2007
Mailing Address Julie Thomson 3135 NW Circle A Drive		Amount of Each Disbursement this Period 100.00
City Portland State OR Zip Code 97229	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 779 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean Contributions</b>		Transaction ID: 2981324 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Catherine Smith 85316 Coyote Creek Road		Amount of Each Disbursement this Period 250.00
City Veneta State OR Zip Code 97487	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Contributions</b>		Transaction ID: 2981331 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address Jean Maack 2983 Siskiyou Boulevard		Amount of Each Disbursement this Period 100.00
City Medford State OR Zip Code 97504	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Melissa Bean Contributions</b>		Transaction ID: 2981283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Lyndsay Downs 3562 NW 68th Street		Amount of Each Disbursement this Period 100.00
City Seattle State WA Zip Code 98117	[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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 780 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Melissa Bean Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Karen Summers 401 Hillcrest Way City: Bellingham State: WA Zip Code: 98225 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 2981266</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Partee 50 Hobart Ln 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 State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981681</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Connie Hershey 381 Garfield Road City: Concord State: MA Zip Code: 01742 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981513</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 2000.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 781 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981547 Date of Disbursement 10 / 09 / 2007
Mailing Address Margaret McKenna 384 Caterina Hts.		Amount of Each Disbursement this Period 30.00
City Concord State MA Zip Code 01742	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981607 Date of Disbursement 10 / 10 / 2007
Mailing Address Anna Currin 58 Pinecrest Village		Amount of Each Disbursement this Period 25.00
City Hopkinton State MA Zip Code 01748	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981490 Date of Disbursement 10 / 01 / 2007
Mailing Address Ruth Hendrickson 253 Concord Road		Amount of Each Disbursement this Period 25.00
City Lincoln State MA Zip Code 01773	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 782 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carolann Najarian 11 Laurel Drive City Lincoln State MA Zip Code 01773 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981651 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alorie Parkhill 62 Maynard Road City Sudbury State MA Zip Code 01776 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981491 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jim Haber 9 Sylvan 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981561 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Fredrica Klemm 36 Sterling Lane</p> <p>City Haverhill State MA Zip Code 01835</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981463</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Irene Cole 23 Drexel Dr</p> <p>City North Chelmsford State MA Zip Code 01863</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981610</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Alice Hutter 16 Merrill Road</p> <p>City Marblehead State MA Zip Code 01945</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981724</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 784 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Terry Twitchell 234 West Canton Street</p> <p>City Boston State MA Zip Code 02116</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: 2981494</p> <p>Date of Disbursement</p> <p>10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p> <p>Category/Type</p>		

<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address sidney topol 33 commonwealth ave</p> <p>City boston State MA Zip Code 02116</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: 2981637</p> <p>Date of Disbursement</p> <p>10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p> <p>Category/Type</p>		

<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address James Cyr 36 Lawrence St.</p> <p>City Boston State MA Zip Code 02116</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: 2981696</p> <p>Date of Disbursement</p> <p>10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>25.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Donna Taube 52 Lane Park City Brighton State MA Zip Code 02135 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981727 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Erin Rowland 127 Trowbridge Street 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981616 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rozann Kraus 91 Chilton St 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981648 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 36.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith King 18 Maple Ave. City Cambridge State MA Zip Code 02139 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981548 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dayl Cohen 241 Upland Rd 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981668 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paul Hogan 41 Windsor Road City Milton State MA Zip Code 02186 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981627 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>WKirk Avery</b> <b>PO Box 411 (Mail)</b></p> <p>City <b>Bridgewater</b> State <b>MA</b> Zip Code <b>02324</b></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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981538</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Aimee Doctoroff</b> <b>23 Fore Court</b></p> <p>City <b>Plymouth</b> State <b>MA</b> Zip Code <b>02360</b></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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981496</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Elga Wasserman</b> <b>1010 Waltham Street</b></p> <p>City <b>Lexington</b> State <b>MA</b> Zip Code <b>02421</b></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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981537</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 788 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981721 Date of Disbursement: 10 / 15 / 2007 Amount of Each Disbursement this Period: 50.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Miranda Marvin 72 Dover Rd City: Wellesley State: MA Zip Code: 02482 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981487 Date of Disbursement: 10 / 01 / 2007 Amount of Each Disbursement this Period: 100.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Judy Rosenblith 54 Devolder Road City: Marstons Mills State: MA Zip Code: 02648 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981498 Date of Disbursement: 10 / 01 / 2007 Amount of Each Disbursement this Period: 30.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sona Aronian 14 Helme Road City: Kingston State: RI Zip Code: 02881 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981688</b> Date of Disbursement: 10 / 13 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lee Strauss 200A Bellman Avenue City: Warwick State: RI Zip Code: 02889 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981690</b> Date of Disbursement: 10 / 13 / 2007 Amount of Each Disbursement this Period: 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Frederick Ficken 25 Old Tilton Rd City: Canterbury State: NH Zip Code: 03224 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981571</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 790 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Frederick Ficken 25 Old Tilton Rd</p> <p>City Canterbury State NH Zip Code 03224</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981707 <b>Date of Disbursement</b> 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address James Lyons PO Box 713</p> <p>City Sunapee State NH Zip Code 03782</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981526 <b>Date of Disbursement</b> 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Nancy Wilds 35 Bangs Shore Rd.</p> <p>City Orr's Island State ME Zip Code 04066</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981465 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 791 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jon Edwards 10 Middle Street PO Box 715 City South Freeport State ME Zip Code 04078 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981700</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Robertson PO Box 57 City Hampton State CT Zip Code 06247 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981634</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Booth 10 Stonecliff Lane City Norwich State CT Zip Code 06360 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981612</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 792 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Scarborough 209 Good Hill Road City Weston State CT Zip Code 06883 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981685</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Gorr 50 Glenbrook Road #15E City Stamford State CT Zip Code 06902 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981620</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Vivian Gluss 95 Breezy Hill Road City Stamford State CT Zip Code 06903 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981661</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 793 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Kenschaff 56 Gordonhurst Avenue City Upper 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981576</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Leonard 12 Fernwood Avenue City Roseland State NJ Zip Code 07068 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981709</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Arthur Glickman 538 Rutland Ave 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981499</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 794 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Shari Loe 327 Somerville Road</p> <p>City Basking Ridge State NJ Zip Code 07920</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981472 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Sheira Greenwald 39 West Lake Boulevard</p> <p>City Morristown State NJ Zip Code 07960</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981629 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Gail Donner 1820 Cardinal Lake Drive</p> <p>City Cherry Hill State NJ Zip Code 08003</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981631 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 795 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith Nelson 1603 Mill Creek Rd City Manahawkin State NJ Zip Code 08050 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981658</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Michelle Sternfeld 26 Larkspur Lane City Lawrenceville State NJ Zip Code 08648 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981664</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lisa Steglich 6 w 77th st City ny State NY Zip Code 10024 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981536</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 796 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Lisa Steglich 6 w 77th st</p> <p>City ny State NY Zip Code 10024</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981669 <b>Date of Disbursement</b> 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Daniel Rous 304 W. 121st St. #8</p> <p>City New York State NY Zip Code 10027</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981601 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Kristine Gebbie 1825 Riverside Drive # 6B</p> <p>City New York State NY Zip Code 10034</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981461 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 797 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981555 Date of Disbursement 10 / 09 / 2007
Mailing Address Isabel Davis 309 East 87th Street		Amount of Each Disbursement this Period 20.00
City New York State NY Zip Code 10128	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981641 Date of Disbursement 10 / 13 / 2007
Mailing Address Isabel Davis 309 East 87th Street		Amount of Each Disbursement this Period 15.00
City New York State NY Zip Code 10128	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981698 Date of Disbursement 10 / 14 / 2007
Mailing Address Susan Leifer 33 Iroquois rd		Amount of Each Disbursement this Period 30.00
City Pleasantville State NY Zip Code 10570	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 798 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Gerhard VanBiema 4304 Kendal Way</p> <p>City Sleepy Hollow State NY Zip Code 10591</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981614 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Maryanne Joyce 142 Nyac Avenue</p> <p>City Pelham State NY Zip Code 10803</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981583 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Gloria Weil 103 Van Etten Blvd.</p> <p>City New Rochelle State NY Zip Code 10804</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981471 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 799 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Amy Schwartz 5 Mirrielees Circle City Great Neck State NY Zip Code 11021 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981585</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Albert Zucker 3368 21st Street, # 12A City Long Island City State NY Zip Code 11106 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981468</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Albert Zucker 33-68 21st Street, Apt. 12A City Long Island City State NY Zip Code 11106 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981552</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 800 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Ira Tobert 111 4th Place # 3A</p> <p>City Brooklyn State NY Zip Code 11231</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981635</b> Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Diana Bartelt 37-16 191 Street</p> <p>City Flushing State NY Zip Code 11358</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981615</b> Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Sally Hackell 26 West Broadway</p> <p>City Long Beach State NY Zip Code 11561</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981704</b> Date of Disbursement 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 801 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Audrey Korth 2151 Holland Way</p> <p>City Merrick State NY Zip Code 11566</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981522 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Lynn Owen 6 Ivy Lane</p> <p>City Setauket State NY Zip Code 11733</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981670 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Edith Simpson 1325 Spring Avenue</p> <p>City Wynantskill State NY Zip Code 12198</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981458 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 802 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Jean Churchill Phd 1 Crossmour Rd</p> <p>City Rhinebeck State NY Zip Code 12572</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981693</p> <p>Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Lois Burrill PO Box 83</p> <p>City Callicoon Central State NY Zip Code 12724</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981469</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Beverley Patrick 426 Hubbell</p> <p>City Syracuse State NY Zip Code 13207</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981594</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Beth Norton 159 Remington Rd City: Ithaca State: NY Zip Code: 14850 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981663</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joy Sabl 7008 Willard St City: Pittsburgh State: PA Zip Code: 15208 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981488</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 49.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Verna Labrador PO Box 438 City: Reamstown State: PA Zip Code: 17567 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981470</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 804 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Horace Heitman 1087 Forest RD</p> <p>City Hazleton State PA Zip Code 18202</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981705</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Elizabeth Shipley 805 Hagy Ford Road</p> <p>City Narberth State PA Zip Code 19072</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981483</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Ballard 411 Louella Ave</p> <p>City Wayne State PA Zip Code 19087</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981544</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 805 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dianne Chambless 929 Clinton St. City Philadelphia State PA Zip Code 19107 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981645</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Antoinette Seymour 805 Wolcott Drive City Philadelphia State PA Zip Code 19118 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981652</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Darla Wilson 2534 Berwyn Road City Wilmington State DE Zip Code 19810 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981535</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 806 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981530 Date of Disbursement 10 / 03 / 2007
Mailing Address Mary Beth Cahill 4800 Dexter St. NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981482 Date of Disbursement 10 / 01 / 2007
Mailing Address Philippa Strum 3001 Veazey Terrace 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		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981686 Date of Disbursement 10 / 13 / 2007
Mailing Address Katherine Cyrul 4550 Connecticut Ave, NW		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20008	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 807 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981514 Date of Disbursement 10 / 02 / 2007
Mailing Address Lee Zahnow 3732 Windom Place NW		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20016	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981545 Date of Disbursement 10 / 09 / 2007
Mailing Address Susan Magee 4000 Cathedral Avenue NW		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20016	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981689 Date of Disbursement 10 / 13 / 2007
Mailing Address Florence Marion 10450 Lottsford Road, # 141		Amount of Each Disbursement this Period 50.00
City Mitchellville State MD Zip Code 20721	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 808 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Catherine Cretu 11489 Chews Branch Rd. City Owings State MD Zip Code 20736 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981506</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lousie Moody 7210 Exfair Road City Bethesda State MD Zip Code 20814 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981703</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Inman 9200 Wadsworth Dr. 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981558</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 809 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Bonnie May</b> 6800 Melody Lane City <b>Bethesda</b> State <b>MD</b> Zip Code <b>20817</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981605</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>John Inman</b> 9200 Wadsworth Dr. City <b>Bethesda</b> State <b>MD</b> Zip Code <b>20817</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981646</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Lorene Sarne</b> 4 Monroe Street City <b>Rockville</b> State <b>MD</b> Zip Code <b>20850</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981695</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 811 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marlene Cianci 1704 Glenkarney Place City: Silver Spring State: MD Zip Code: 20902 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981639</b> Date of Disbursement: 10 / 13 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Dunn 10332 Parkman Rd. City: Silver Spring State: MD Zip Code: 20903 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981621</b> Date of Disbursement: 10 / 12 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sue Schwendiman 2214 Salisbury Rd City: Silver Spring State: MD Zip Code: 20910 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981580</b> Date of Disbursement: 10 / 09 / 2007 Amount of Each Disbursement this Period: 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 812 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Simons 7602 16th Avenue 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981566</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Bopp 6505 Lily Dhu Lane City Falls Church State VA Zip Code 22044 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981619</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Clara Adams-Ender 3088 Woods Cove Lane City Woodbridge State VA Zip Code 22192 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981642</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 813 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Elizabeth Lonoff 7000 Polins Court</p> <p>City Alexandria State VA Zip Code 22306</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981569</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address David Bayliss 8723 Camden St</p> <p>City Alexandria State VA Zip Code 22308</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981562</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Leah Vosburgh 9774 North Royal Street</p> <p>City Alexandria State VA Zip Code 22314</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981643</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981524 Date of Disbursement 10 / 02 / 2007
Mailing Address Elizabeth McGillicuddy 422 Westover Parkway		Amount of Each Disbursement this Period 15.00
City Locust Grove State VA Zip Code 22508	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981716 Date of Disbursement 10 / 14 / 2007
Mailing Address Nancy Martin-Perdue 1385 Twymans Mill Rd.		Amount of Each Disbursement this Period 25.00
City Madison State VA Zip Code 22727	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981665 Date of Disbursement 10 / 13 / 2007
Mailing Address John Olson 6800 Huntingridge Rd		Amount of Each Disbursement this Period 20.00
City Chapel Hill State NC Zip Code 27517	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Jones 536 Nash Street City Rocky Mount State NC Zip Code 27804 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981671</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nelson Brown 1365 Ford Rd City Nashville State NC Zip Code 27856 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981717</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Wang 4289 Perna La City Iron Station State NC Zip Code 28080 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981593</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 816 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Harold Hendriksen</b> 6006 Greystone Dr. City <b>Weddington</b> State <b>NC</b> Zip Code <b>28104</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981575</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Larry taylor jr.</b> 553 nellie john dr. City <b>Clyde</b> State <b>NC</b> Zip Code <b>28721</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981540</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Todd Evans</b> 2086 East Lake Road City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30307</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981613</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ingrid Chafee 476 Princeton Way, NE 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981683</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Underwood 1776 Marlbrook Dr NE 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981697</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Spector 2241 Marann Dr. City Atlanta State GA Zip Code 30345 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981672</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 818 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981633 Date of Disbursement 10 / 13 / 2007
Mailing Address Mary Thomas 17722 Blue Star Hwy		Amount of Each Disbursement this Period 25.00
City Quincy	State FL	
Zip Code 32353		[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981678 Date of Disbursement 10 / 13 / 2007
Mailing Address M. Joanne Schwebach 520 Ellsworth Street		Amount of Each Disbursement this Period 25.00
City Altamonte Springs	State FL	
Zip Code 32701		[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981549 Date of Disbursement 10 / 09 / 2007
Mailing Address Judith Thompson 3427 Black Willow Trail		Amount of Each Disbursement this Period 1000.00
City DeLand	State FL	
Zip Code 32724		[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith Ratzan 60 Edgewater Drive #9F City Coral Gables State FL Zip Code 33133 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981606</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pat Lowenstein 2100 Salzedo Street City Coral Gables State FL Zip Code 33134 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981589</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elaine Bloom 5255 Collins Avenue City Miami Beach State FL Zip Code 33140 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981673</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 820 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Marilyn Flam 9480 S.W. 91 St.</p> <p>City Miami State FL Zip Code 33176</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981600 <b>Date of Disbursement</b> 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Shirley Sokolsky 2003 N. Ocean Boulevard # 1103</p> <p>City Boca Raton State FL Zip Code 33431</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981729 <b>Date of Disbursement</b> 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Ann Fonfa 7319 Serrano Terrace</p> <p>City Delray Beach State FL Zip Code 33446</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981567 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 821 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kate Nichols 1682 Oceanview Drive City State Zip Code Tierra Verde FL 33715 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981618</b> Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Wendy Pressoir 1692 Ashton Abbey Road City State Zip Code Clearwater FL 33755 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981644</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Gonzales 17012 Treviso Way City State Zip Code Naples FL 34110 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981622</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 1000.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 822 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Steve Hegeman PO Box 367</p> <p>City Bonita Springs State FL Zip Code 34133</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981720 <b>Date of Disbursement</b> 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Rosalie Goldberg 1241 Gulf of Mexico Drive</p> <p>City Longboat Key State FL Zip Code 34228</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981478 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Barbara Rayson 8218 MAIDENCANE PL</p> <p>City Port St. Lucie State FL Zip Code 34952</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981517 <b>Date of Disbursement</b> 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 823 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981655 Date of Disbursement 10 / 13 / 2007
Mailing Address Patricia Siano 122 W Satsuma Av		Amount of Each Disbursement this Period 50.00
City Foley State AL Zip Code 36535	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981592 Date of Disbursement 10 / 09 / 2007
Mailing Address Ann Hardman 114 Brown Avenue # A		Amount of Each Disbursement this Period 30.00
City Louisville State KY Zip Code 40207	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981694 Date of Disbursement 10 / 14 / 2007
Mailing Address Rebecca Lewis 4035 Easton Lane		Amount of Each Disbursement this Period 20.00
City Burlington State KY Zip Code 41005	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 824 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sue Feamster 1043 arden drive</p> <p>City Villa Hills State KY Zip Code 41017</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: 2981728</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p> <p>Category/Type</p>		

<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Susan Richardson 211 West Elm Street</p> <p>City Granville State OH Zip Code 43023</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: 2981586</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p> <p>Category/Type</p>		

<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Virginia Woods 198 Walhalla Rd</p> <p>City Columbus State OH Zip Code 43202</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: 2981719</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Darren Dye 1404 n. broadway City: Indianapolis State: IN Zip Code: 46202 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981714</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Florence Norton 4138 N. Pennsylvania St. City: Indianapolis State: IN Zip Code: 46205 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981511</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Wilton Aebersold PO Box 1244 City: New Albany State: IN Zip Code: 47151 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981638</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 826 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981553 Date of Disbursement 10 / 09 / 2007
Mailing Address Lynn Hooker 1025 E 1st St		Amount of Each Disbursement this Period 25.00
City Bloomington	State IN Zip Code 47401	
Purpose of Disbursement Candidate Contrib Earmarked		[MEMO ITEM] MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981520 Date of Disbursement 10 / 02 / 2007
Mailing Address Philip Campbell 1512 Chateaufort Place		Amount of Each Disbursement this Period 50.00
City Detroit	State MI Zip Code 48207	
Purpose of Disbursement Candidate Contrib Earmarked		[MEMO ITEM] MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981572 Date of Disbursement 10 / 09 / 2007
Mailing Address Philip Campbell 1512 Chateaufort Place		Amount of Each Disbursement this Period 50.00
City Detroit	State MI Zip Code 48207	
Purpose of Disbursement Candidate Contrib Earmarked		[MEMO ITEM] MEMO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 827 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981525 Date of Disbursement 10 / 03 / 2007
Mailing Address Joyce Izzi 1817 Imperial Dr		Amount of Each Disbursement this Period 10.00
City Highland State MI Zip Code 48356	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981582 Date of Disbursement 10 / 09 / 2007
Mailing Address Thomas Brauch 512 East Broadway		Amount of Each Disbursement this Period 50.00
City Mt. Pleasant State MI Zip Code 48858	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981624 Date of Disbursement 10 / 12 / 2007
Mailing Address Patricia Gruner 1610 West Kalamazoo		Amount of Each Disbursement this Period 25.00
City Lansing State MI Zip Code 48915	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 828 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981518 Date of Disbursement 10 / 02 / 2007
Mailing Address Nancy Crowell 2822 Broadway		Amount of Each Disbursement this Period 25.00
City Kalamazoo State MI Zip Code 49008	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981603 Date of Disbursement 10 / 10 / 2007
Mailing Address Nancy Crowell 2822 Broadway		Amount of Each Disbursement this Period 15.00
City Kalamazoo State MI Zip Code 49008	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981509 Date of Disbursement 10 / 01 / 2007
Mailing Address Carolyn Haack 4301 N Prospect Ave		Amount of Each Disbursement this Period 100.00
City Shorewood State WI Zip Code 53211	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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO
State: District:	Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 829 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carolyn Haack 4301 N Prospect Ave City Shorewood State WI Zip Code 53211 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981691</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lois Malawsky 7409 N. Crossway Road City Milwaukee State WI Zip Code 53217 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981659</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Heather Colburn 1320 Rutledge St City Madison State WI Zip Code 53703 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981459</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 830 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Moen 530 W. Main Street City Madison State WI Zip Code 53703 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981579</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Ann Fahl 3321 Quincy Avenue City Madison State WI Zip Code 53704 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981532</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jesse Kehres 8 Classic Circle City Madison State WI Zip Code 53719 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981654</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 832 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Marjorie Larson 12310 30th Ave N</p> <p>City Plymouth State MN Zip Code 55441</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981649 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Arlen Viste 1500 W 30th St</p> <p>City Sioux Falls State SD Zip Code 57105</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981574 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Mary Warren 215 S. Prospect Street</p> <p>City Wheaton State IL Zip Code 60187</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981503 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 833 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jerome Klein 100 Forest Place City Oak Park State IL Zip Code 60301 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981554</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rachel Goldstein 1334 S. Indiana Pkwy City Chicago State IL Zip Code 60605 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981596</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carolyn Levin 180 E. Pearson St. City Chicago State IL Zip Code 60611 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981632</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 834 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Mary Dougherty</b> 4221 N. Kenmore City <b>Chicago</b> State <b>IL</b> Zip Code <b>60613</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981595</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Becky Kepraios</b> 2106 N. Seminary Ave. City <b>Chicago</b> State <b>IL</b> Zip Code <b>60614</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981505</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Arlene Hardy</b> 2314 N Lakewood Ave City <b>Chicago</b> State <b>IL</b> Zip Code <b>60614</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981521</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 835 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janice Rodgers 2100 N. Lincoln Park West City Chicago State IL Zip Code 60614 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981713</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jeanne Hafstrom 1704 Foxborough Ct City Champaign State IL Zip Code 61822 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981699</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Bill Clark 2156 PHEASANT RUN DR City Maryland Heights State MO Zip Code 63043 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981502</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 836 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Bill Clark 2156 PHEASANT RUN DR City Maryland Heights State MO Zip Code 63043 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981680</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joel Myerson 39 N. Newstead Ave. City Saint Louis State MO Zip Code 63108 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981630</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Walter Siemsen 611 Lamont Dr. City Lincoln State NE Zip Code 68528 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981492</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 837 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marie Steen 432 Ashington Drive City Mountain Home State AR Zip Code 72653 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981508</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address William Smith 321 West 10th St 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981598</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Hofmeister 2121 Kirby Drive # 97 City Houston State TX Zip Code 77019 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981504</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 838 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Mary Kanz</b> 7718 Beaudelaire City <b>Galveston</b> State <b>TX</b> Zip Code <b>77551</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981656</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Rebecca Red</b> 5215 McCormick Mtn. Drive City <b>Austin</b> State <b>TX</b> Zip Code <b>78734</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981611</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Terry Bowen</b> 2766 E. Peakview Circle City <b>Centennial</b> State <b>CO</b> Zip Code <b>80121</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981486</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

PAGE 839 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Lynn Voss 10615 W Dumbarton Cr</p> <p>City Littleton State CO Zip Code 80127</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981711 <b>Date of Disbursement</b> 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Elizabeth Culp 10536 Lipan St</p> <p>City Northglenn State CO Zip Code 80234</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981587 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Laura Ford 295 Red Tail Trail</p> <p>City Evergreen State CO Zip Code 80439</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981623 <b>Date of Disbursement</b> 10 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 840 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carole Milligan P.O. Box 776149 City Steamboat Springs State CO Zip Code 80477 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981475 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Evelyn Haynes 2303 Owens Ave. City Fort Collins State CO Zip Code 80528 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981726 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ramachandran Nageswaran 459 E. Park Oak Pl. City Salt Lake City State UT Zip Code 84107 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981715 Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 18.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 841 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joyce Bender 3416 N Manassas Ct. City Florence State AZ Zip Code 85232 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981466</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marleigh Fletcher 785 E. Courtney Lane City Tempe State AZ Zip Code 85284 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981484</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nelson Haggerson PO Box 24177 City Tempe State AZ Zip Code 85285 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981684</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 842 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Barbara Walls</b> 16836 N. 111th Ave City <b>Sun City</b> State <b>AZ</b> Zip Code <b>85351</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981701</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>O. Leininger</b> PO Box 12536 City <b>Fort Huachuca</b> State <b>AZ</b> Zip Code <b>85670</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981515</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Billie Bobbitt</b> c/o Margaret Bobbitt City <b>Tuscon</b> State <b>AZ</b> Zip Code <b>85711</b> 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981534</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Cheryl Ritenbaugh 4840 N. Valley View Rd</p> <p>City Tucson State AZ Zip Code 85718</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981682 <b>Date of Disbursement</b> 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Jane Pringle 2327 E. First Street</p> <p>City Tucson State AZ Zip Code 85719</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981543 <b>Date of Disbursement</b> 10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Jean Colton 5457 N. Via Frassino</p> <p>City Tucson State AZ Zip Code 85750</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID:</b> 2981497 <b>Date of Disbursement</b> 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 844 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Colton 5457 N. Via Frassino City: Tucson State: AZ Zip Code: 85750 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981609</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Bobbitt P.O. Box 1565 City: Lakeside State: AZ Zip Code: 85929 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981533</b> Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan Sapon 13104 Chitalpa Place NE City: Albuquerque State: NM Zip Code: 87111 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981628</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 845 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Quarrier Cook</b> 1085 Camino Manana</p> <p>City <b>Santa Fe</b> State <b>NM</b> Zip Code <b>87501</b></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><b>Transaction ID: 2981570</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p>		

<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Robert Myers</b> 5210 N. Eisenhower</p> <p>City <b>Roswell</b> State <b>NM</b> Zip Code <b>88201</b></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><b>Transaction ID: 2981676</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p>		

<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Stephanie Sabar</b> 10593 Wilkins Ave.</p> <p>City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90024</b></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><b>Transaction ID: 2981675</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> MEMO</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Sp Gen</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> 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 846 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gaye Smith 1712 Rotary Drive City: Los Angeles State: CA Zip Code: 90026 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981550</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: A Wrye 1439 Sutherland St. City: Los Angeles State: CA Zip Code: 90026 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981608</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Howard Woo 7748 hosford ave 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 State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981485</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 847 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Katz 6230 Wilshire Blvd. #2080 City Los Angeles State CA Zip Code 90048 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981539</b> Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Katz 6230 Wilshire Blvd. #2080 City Los Angeles State CA Zip Code 90048 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981573</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Latz 860 Via de la Paz, Suite F6 City Pacific Palisades State CA Zip Code 90272 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981481</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 848 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Patricia Stich 521 20th st</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 State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981677 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Rosemary Schmidt 214 Loma Ave.</p> <p>City Long Beach State CA Zip Code 90803</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981584 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Frances Sheppard 28925 Oakpath Dr</p> <p>City Agoura Hills State CA Zip Code 91301</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981702 Date of Disbursement 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 849 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Mary Indermill 26340 Ivrea Pl</p> <p>City Valencia State CA Zip Code 91355</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981519 Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Andy Behrman 21031 Ventura Blvd.</p> <p>City Woodland Hills State CA Zip Code 91364</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981588 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Irma Zahid 11480 Burbank Blvd.</p> <p>City North Hollywood State CA Zip Code 91601</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981507 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 850 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Muriel Christen-Jones 802 W High Point DR City: Claremont State: CA Zip Code: 91711 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981565</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Gwen Melby 6585 Lorena City: Mira Loma State: CA Zip Code: 91752 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981666</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Marla Jensen 1615 Bittern Ct. City: Carlsbad State: CA Zip Code: 92011 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981564</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 851 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cary Lowe 3517 Garrison Street City San Diego State CA Zip Code 92106 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981464</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Cudhea 1860 Oliver Ave 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981460</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Gracian 4609 Shoshoni Ave City San Diego State CA Zip Code 92117 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981590</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 852 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Huber 8629 Llynx Road City: San Diego State: CA Zip Code: 92126 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981529</b> Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Huber 8629 Llynx Road City: San Diego State: CA Zip Code: 92126 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981602</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Caroline Adams 1566 Lisa Lane City: Redlands State: CA Zip Code: 92373 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981489</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 853 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Masao Yafuso 25312 cneyenne way City Lake Forest State CA Zip Code 92630 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981706</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jene Witte 6 rue marseille City Newport Beach State CA Zip Code 92660 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981710</b> Date of Disbursement 10 / 14 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lynn Chalupsky 3009 Puente Street City Fullerton State CA Zip Code 92835 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981480</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Schuyler 3239 Cliff Drive City: Santa Barbara State: CA Zip Code: 93109 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981473</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Ewy P.O. Box 1805 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981541</b> Date of Disbursement 10 / 07 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeanne Ewy PO Box 1805 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981542</b> Date of Disbursement 10 / 07 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 855 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981625 Date of Disbursement 10 / 12 / 2007
Mailing Address Marjorie VanDusen 24730 Cabrillo		Amount of Each Disbursement this Period 2000.00
City Carmel State CA Zip Code 93923	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981578 Date of Disbursement 10 / 09 / 2007
Mailing Address Amy Pearl 555 S. El Monte Avenue		Amount of Each Disbursement this Period 50.00
City Los Altos State CA Zip Code 94022	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981546 Date of Disbursement 10 / 09 / 2007
Mailing Address Susan Thomas 1871 Camino a Los Cerros		Amount of Each Disbursement this Period 100.00
City Menlo Park State CA Zip Code 94025	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 856 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dean Bell 178 Higdon Avenue # 2 City Mountain View State CA Zip Code 94041 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		Transaction ID: 2981462 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Scott Mauvais 1157 Rainier Ave City Pacifica State CA Zip Code 94044 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		Transaction ID: 2981674 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ralph Eschenbach 20 Oakhill Drive City Woodside State CA Zip Code 94062 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		Transaction ID: 2981510 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 857 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address George Cunningham 50 paulding st</p> <p>City San Francisco State CA Zip Code 94112</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981523</b> Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address George Cunningham 50 paulding st</p> <p>City San Francisco State CA Zip Code 94112</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981712</b> Date of Disbursement 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Dorothy Knecht 17 Bret Harte Terrace</p> <p>City San Francisco State CA Zip Code 94133</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981617</b> Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 858 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Dudley 901 Elsinore Dr. City Palo Alto State CA Zip Code 94303 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981560 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Martin 2204 Greer Rd. City Palo Alto State CA Zip Code 94303 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981581 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Harris 763 Esplanada Way City Stanford State CA Zip Code 94305 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981722 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 859 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Linnea Wickstrom 450 Monroe Drive 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981687 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Fanita English One, Baldwin Avenue City San Mateo State CA Zip Code 94401 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981640 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Hort 601 Laurel Avenue, Apt. 504 City San Mateo State CA Zip Code 94401 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981725 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 860 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Beth Ogilvie 2234 Kipling St</p> <p>City Castro Valley State CA Zip Code 94546</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981500 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Jan Green 122 Venado Corte</p> <p>City Walnut Creek State CA Zip Code 94598</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981657 Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Hill Blackett 117 Requa Road</p> <p>City Piedmont State CA Zip Code 94611</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p>Transaction ID: 2981577 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 861 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981718 Date of Disbursement 10 / 14 / 2007
Mailing Address Marjorie Atkinson 1045 Key Route Blvd.		Amount of Each Disbursement this Period 25.00
City Albany State CA Zip Code 94706	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981495 Date of Disbursement 10 / 01 / 2007
Mailing Address Judy Greene 1195 Sterling Ave.		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	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981527 Date of Disbursement 10 / 03 / 2007
Mailing Address Marilyn Heilman 1020 Miller Ave		Amount of Each Disbursement this Period 100.00
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	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 862 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Clever 41 Glen Drive City Mill Valley State CA Zip Code 94941 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981457 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sheilah Glover 415 Wellesley Ave. City Mill Valley State CA Zip Code 94941 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981692 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Myrna Britton 311 Dickens Way City Santa Cruz State CA Zip Code 95064 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981599 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 863 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Mary Barmettler 1388 Cordelia Ave.</p> <p>City San Jose State CA Zip Code 95129</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981591</b> Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Bruce Stephen 326 Twin Lakes Drive</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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981597</b> Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 35.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Anna Narbutovskih 14288 Woodland Drive</p> <p>City Guerneville State CA Zip Code 95446</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: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981501</b> Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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 864 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Heidi Blumenthal 705 Chiquita Road Mailing Address City Healdsburg State CA Zip Code 95448 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981604</b> Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Jim Andrews 159 Temelec Circle Mailing Address City Sonoma State CA Zip Code 95476 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981662</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) David McGlocklin 2702 Cadiz St. Mailing Address 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981568</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 865 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Niki Tsongas Contributions</b>		Transaction ID: 2981650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address Pamela Johnson 8301 Woodborough Way		Amount of Each Disbursement this Period 20.00
City Fair Oaks State CA Zip Code 95628	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>B. Niki Tsongas Contributions</b>		Transaction ID: 2981723 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address Jonita Burns 7532 Hickory Ave.		Amount of Each Disbursement this Period 25.00
City Orangevale State CA Zip Code 95662	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

Full Name (Last, First, Middle Initial) <b>C. Niki Tsongas Contributions</b>		Transaction ID: 2981559 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address W WESLEY Peterson 3046 Holei Street		Amount of Each Disbursement this Period 50.00
City Honolulu State HI Zip Code 96815	[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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 867 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Chris and Anne Hohenemser 2178 Washington St. 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981679 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Bergmann 966 SE Sunwood Court City Bend State OR Zip Code 97702 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981477 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Ostrander 61725 Ward Rd City Bend State OR Zip Code 97702 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		Transaction ID: 2981667 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 868 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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><b>A. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Susan Landon 8440 SE 47th Place</p> <p>City Mercer Island State WA Zip Code 98040</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981563</b> Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>B. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Brenda Paull 4120 94 Ave SE</p> <p>City Mercer Island State WA Zip Code 98040</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981626</b> Date of Disbursement 10 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>C. Niki Tsongas Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Niki Tsongas Contributions</p> <p>Mailing Address Jill Roseen-Czaplicki 18939 NE 20th Ct</p> <p>City Redmond State WA Zip Code 98052</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen</p>		<p><b>Transaction ID: 2981531</b> Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b> MEMO</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)

PAGE 869 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Niki Tsongas Contributions Mailing Address Kathleen Peterson 9429 37th Ave SW City Seattle State WA Zip Code 98126 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981557</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Niki Tsongas Contributions Mailing Address Heather Tillman 1291 E. Marrowstone Rd. City Nordland State WA Zip Code 98358 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981551</b> Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Niki Tsongas Contributions Mailing Address Carolyn Salmon 290 Colman Dr City Port Townsend State WA Zip Code 98368 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Sp Gen		<b>Transaction ID: 2981653</b> Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 870 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Beverly Smaby 3115 N 17th St City: Tacoma State: WA Zip Code: 98406 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981476</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: James Wingard 1851 N Hawthorne Dr City: Tacoma State: WA Zip Code: 98406 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981512</b> Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Niki Tsongas Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Veronica McClaskey 14905 SE Rivershore Drive City: Vancouver State: WA Zip Code: 98683 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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Sp Gen		<b>Transaction ID: 2981493</b> Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 871 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial)

**A.** Niki Tsongas Contributions

Mailing Address Phyllis Kiehl  
6301 Trappers Trail

City Anchorage State AK Zip Code 99516

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Sp Gen

Transaction ID: 2981708

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional) .....

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 872 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Barbara Montero</b>		Transaction ID: SB28A-113466 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1900 Sunset Harbor Drive		Amount of Each Disbursement this Period 250.00
City Miami Beach	State FL Zip Code 33139	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Judy Aptekar</b>		Transaction ID: SB28A-113467 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 26000 Scarff Way		Amount of Each Disbursement this Period 250.00
City Los Altos Hills	State CA Zip Code 94022	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Billie Bobbit</b>		Transaction ID: SB28A-113470 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 2500 North Kuther Road Apt. 303		Amount of Each Disbursement this Period 200.00
City Sidney	State OH Zip Code 45365	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 873 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gary Brown</b>		Transaction ID: SB28A-113595 Date of Disbursement 10 / 08 / 2007
Mailing Address 2328 Woodland Ave		Amount of Each Disbursement this Period 10.00
City South Charleston	State WV	
Zip Code 25303	Category/Type	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rosemary Yaecker</b>		Transaction ID: SB28A-113469 Date of Disbursement 10 / 08 / 2007
Mailing Address PO Box 708		Amount of Each Disbursement this Period 15.00
City Bradford	State VT	
Zip Code 05033	Category/Type	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Joshua Wetzel</b>		Transaction ID: SB28A-113598 Date of Disbursement 10 / 11 / 2007
Mailing Address 5036 Castleman St.		Amount of Each Disbursement this Period 1000.00
City Pittsburgh	State PA	
Zip Code 15232	Category/Type	
Purpose of Disbursement Refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 874 / 2072

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Milton Freedman		<b>Transaction ID:</b> SB28A-113468 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 2 Little Johns Retr		Amount of Each Disbursement this Period 70.00
City Bluffton State SC Zip Code 29910	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) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Jerome Aresty		<b>Transaction ID:</b> SB28A-113165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 17080 Castlebay Ct		Amount of Each Disbursement this Period 100.00
City Boca Raton State FL Zip Code 33496	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) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Frances Aronovitz		<b>Transaction ID:</b> SB28A-113166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 11151 SW 93rd Avenue		Amount of Each Disbursement this Period 50.00
City Miami State FL Zip Code 33176	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 875 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Fay Cohen</b>		<b>Transaction ID:</b> SB28A-113191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 15 Cottonwood Rd		Amount of Each Disbursement this Period 50.00
City Newton State MA Zip Code 48070		
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>B. Eugenie Copp</b>		<b>Transaction ID:</b> SB28A-113208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 19 Smith Neck Rd		Amount of Each Disbursement this Period 50.00
City Old Lyme State CT Zip Code 06371		
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>C. Britte Evers</b>		<b>Transaction ID:</b> SB28A-113209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 2019 Lyon St		Amount of Each Disbursement this Period 35.00
City San Francisco State CA Zip Code 94115		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	135.00
<b>TOTAL</b> 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 876 / 2072

<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

<b>A. Ernest Harburg</b> Full Name (Last, First, Middle Initial) Ernest Harburg Mailing Address 240 E. 10th St # 9B City New York State NY Zip Code 10003 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) ▼		<b>Transaction ID: SB28A-113224</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type
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<b>B. Elizabeth Hill</b> Full Name (Last, First, Middle Initial) Elizabeth Hill Mailing Address 3300 Darby Rd Apt 5101 City Haverford State PA Zip Code 19041 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) ▼		<b>Transaction ID: SB28A-113225</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type
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<b>C. Ruth Hergenrother</b> Full Name (Last, First, Middle Initial) Ruth Hergenrother Mailing Address 67 Old State Rd City Chelmsford State MA Zip Code 01824 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) ▼		<b>Transaction ID: SB28A-113226</b> Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 50.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 877 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Janet Hurd</b>		<b>Transaction ID:</b> SB28A-113227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 17 Paddock Lane		Amount of Each Disbursement this Period 50.00
City Williston State VT Zip Code 05495		
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>B. Louis Heavenrich</b>		<b>Transaction ID:</b> SB28A-113228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 13111 Lincoln Dr		Amount of Each Disbursement this Period 50.00
City Huntington Wood State MI Zip Code 48070		
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>C. Martha Johnson</b>		<b>Transaction ID:</b> SB28A-113239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 255 Pearl St.		Amount of Each Disbursement this Period 50.00
City South Hardley State MA Zip Code 01075		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> 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 878 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Virginia Krall</b>		<b>Transaction ID:</b> SB28A-113240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 3038 SE 21st St		Amount of Each Disbursement this Period 100.00
City Gresham State OR Zip Code 97080		
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>B. Camile Macalou</b>		<b>Transaction ID:</b> SB28A-113241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1348 McGee Avenue		Amount of Each Disbursement this Period 100.00
City Berkeley State CA Zip Code 94111		
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>C. Michael O'Connor</b>		<b>Transaction ID:</b> SB28A-113242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 649 E. 14th St Apt. 2 C		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10009		
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) ▼	

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 879 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Roy Parker</b>		<b>Transaction ID:</b> SB28A-113254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 106 Stonegate Ct		Amount of Each Disbursement this Period 50.00
City Simpsonville State SC Zip Code 29681	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>B. C Ramage</b>		<b>Transaction ID:</b> SB28A-113255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1420 Acadia St		Amount of Each Disbursement this Period 50.00
City Durham State NC Zip Code 27701	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>C. Andy Rumer</b>		<b>Transaction ID:</b> SB28A-113256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 155 Jackson St Apt. 401		Amount of Each Disbursement this Period 2300.00
City San Francisco State CA Zip Code 94111	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 880 / 2072

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Eva Sulon</b>		<b>Transaction ID:</b> SB28A-113258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 612 Burlingame Ave		Amount of Each Disbursement this Period 25.00
City Burlington State CA Zip Code 94010		
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>B. Shirley Sutton</b>		<b>Transaction ID:</b> SB28A-113259 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 4339 NE Flanders St		Amount of Each Disbursement this Period 25.00
City Portland State OR Zip Code 97213		
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>C. Mary Tjosvold</b>		<b>Transaction ID:</b> SB28A-113260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1555 118th Lane NW		Amount of Each Disbursement this Period 100.00
City Coon Rapids State MN Zip Code 55448		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 881 / 2072

<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.** Full Name (Last, First, Middle Initial)  
Kathleen Whalley

Mailing Address 2903 B Street

City Forest Grove State OR Zip Code 97213

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB28A-113262

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 882 / 2072

<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) <b>A. EMILY's List - Non-Federal #2</b>		<b>Transaction ID:</b> SB29-113664 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20036	Category/ Type	
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) ▼	Cmte to Elect S Tucker contrib orig reported 9/13/07

Full Name (Last, First, Middle Initial) <b>B. EMILY's List - Non-Federal #2</b>		<b>Transaction ID:</b> SB29-113665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20036	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB29-113067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 374.80
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	574.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 883 / 2072

<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) <b>A. Monisa Chakraborty</b>		<b>Transaction ID:</b> SB29-113277 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 34 Amelia Drive		Amount of Each Disbursement this Period 1199.98
City Fort Oglethorpe State GA Zip Code 30742	Category/ Type  J Jones Houston City Council	
Purpose of Disbursement In-Kind Statagic Consultant		
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>B. Monisa Chakraborty</b>		<b>Transaction ID:</b> SB29-113102 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 34 Amelia Drive		Amount of Each Disbursement this Period 170.00
City Fort Oglethorpe State GA Zip Code 30742	Category/ Type  J Jones Houston City Council	
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>C. Jolanda Jones Campaign</b>		<b>Transaction ID:</b> SB29-113465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address PO Box 88209		Amount of Each Disbursement this Period 1000.00
City Houston State TX Zip Code 77288	Category/ Type  Houston City Council TX	
Purpose of Disbursement Candidate 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2369.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 884 / 2072

<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) <b>A. EMILY's List - Non-Federal #2</b>		<b>Transaction ID:</b> SB29-113667 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 206.49
City Washington State DC Zip Code 20036	Category/ Type	
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) ▼	A.Moses tran 1 sh to NF 10/31

Full Name (Last, First, Middle Initial) <b>B. EMILY's List Non-Federal #3</b>		<b>Transaction ID:</b> SB29-113666 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 8955.00
City Washington State DC Zip Code 20036	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> SB29-113067-10000 <b>Date of Disbursement</b> 10 / 15 / 2007
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 369.80
City Phoenix State AZ Zip Code 85034	Category/ Type	
Purpose of Disbursement IK Travel/Accommodation /Meals		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> J Jones Houston City Council

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9161.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 885 / 2072

<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.** Expedia

Mailing Address 13810 SE Eastgate Way

City Bellevue State WA Zip Code 98005

Purpose of Disbursement  
IK Travel/Accommodation /Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-113067-20000

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**

J Jones Houston City Council

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

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

12106.27

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) EMILY's List	FEC IDENTIFICATION NUMBER <b>C</b> C00193433
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
The New Media Firm, Inc.

---

Mailing Address  
1325 18th Street  
Ste 207

---

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

---

Purpose of Expenditure Radio Buy	Category/ Type 004
-------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
James Ogonowski

---

Calendar Year-To-Date Per Election for Office Sought	125000.00
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

---

Amount  
90262.50

**Transaction ID:** SE24-87004

---

Office Sought:  House State: MA  
 Senate District: 05  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General 2007  
 Other (specify) : Spec-Gen

Full Name (Last, First, Middle, Initial) of Payee  
The New Media Firm, Inc.

---

Mailing Address  
1325 18th Street  
Ste 207

---

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

---

Purpose of Expenditure Radio Production	Category/ Type 004
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
James Ogonowski

---

Calendar Year-To-Date Per Election for Office Sought	125000.00
---	-----------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

---

Amount  
3487.50

**Transaction ID:** SE24-87005

---

Office Sought:  House State: MA  
 Senate District: 05  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General 2007  
 Other (specify) : Spec-Gen

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	93750.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) EMILY's List	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00193433
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
The New Media Firm, Inc.

---

Mailing Address  
1325 18th Street  
Ste 207

---

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

---

Purpose of Expenditure Radio Buy	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
-------------------------------------	---

---

Name of Federal Candidate supported or Opposed by expenditure:  
Nicola Tsongas

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">125000.00</span>
---	---

Date  

M M	/	D D	/	Y Y Y Y
1 0		1 0		2 0 0 7

Amount  
30087.50

**Transaction ID:** SE24-87006

---

Office Sought:  House State: MA  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General 2007  
 Other (specify) : Spec-Gen

Full Name (Last, First, Middle, Initial) of Payee  
The New Media Firm, Inc.

---

Mailing Address  
1325 18th Street  
Ste 207

---

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

---

Purpose of Expenditure Radio Production	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
--	---

---

Name of Federal Candidate supported or Opposed by expenditure:  
Nicola Tsongas

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">125000.00</span>
---	---

Date  

M M	/	D D	/	Y Y Y Y
1 0		1 0		2 0 0 7

Amount  
1162.50

**Transaction ID:** SE24-87007

---

Office Sought:  House State: MA  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General 2007  
 Other (specify) : Spec-Gen

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">31250.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">125000.00</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines  
Signature

Date 

M M	/	D D	/	Y Y Y Y
1 0		1 0		2 0 0 7

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 888 / 2072
	(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) <b>A. Amie Kershner Murray</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 3114 E. Baltimore		Transaction ID: 5348
City Baltimore	State MD	Zip Code 21224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.51
Name of Employer	Occupation	Telephone at Fair Market Value
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) <b>B. Ellen Malcolm</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1120 Connecticut Ave, NW Suite 1100		Transaction ID: 5349
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1.97
Name of Employer	Occupation	Telephone at Fair Market Value
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) <b>C. Kari Lundstad-Vogt</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 739 3rd Street, SW		Transaction ID: 5350
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2.87
Name of Employer	Occupation	Postage at Fair Market Value
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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5.35
<b>TOTAL</b> This Period (last page this line 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 889 / 2072  
(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 21766 Cypress Valley Terrace

City State Zip Code  
Sterling VA 21066

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 5351

Amount of Each Receipt this Period  
2.73

Telephone at Fair Market Value

Orig Vendor: Working Assets

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

Mailing Address 21766 Cypress Valley Terrace

City State Zip Code  
Sterling VA 21066

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 5352

Amount of Each Receipt this Period  
4.60

Postage at Fair Market Value

Orig Vendor: US Post Office

**C.** Full Name (Last, First, Middle Initial)  
Kim Coleman

Mailing Address 1765 Swann St, NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 5353

Amount of Each Receipt this Period  
0.79

Telephone at Fair Market Value

Orig Vendor: Working Assets

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">8.12</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 890 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dave McGonagle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 4857 Battery Lane Apt 506		<b>Transaction ID: 5354</b>	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 0.06		
FEC ID number of contributing federal political committee. C	Telephone at Fair Market Value		
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>B. Mary Jane Volk</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 541 E. Nelson Avenue		<b>Transaction ID: 5355</b>	
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 1.67		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
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) <b>C. Edna Romero</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 7111 Halleck Street		<b>Transaction ID: 5356</b>	
City State Zip Code District Heights MD 20747	Amount of Each Receipt this Period 0.20		
FEC ID number of contributing federal political committee. C	Telephone at Fair Market Value		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1.93
<b>TOTAL</b> This Period (last page this line 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 891 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Kristen Schultz Mailing Address 1810 Wyoming Ave, NW City State Zip Code Washington DC 20009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5357</b> Amount of Each Receipt this Period 0.06 Telephone at Fair Market Value Orig Vendor: Working Assets
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kate Chapek Mailing Address 1435 N Street, NW Apt 202 City State Zip Code Washington DC 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5358</b> Amount of Each Receipt this Period 0.41 Postage at Fair Market Value Orig Vendor: US Post Office
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>C.</b> Full Name (Last, First, Middle Initial) Britt Cocanour Mailing Address 6606 Allegheny Ave City State Zip Code Takoma Park MD 20912 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5359</b> Amount of Each Receipt this Period 10.25 Postage at Fair Market Value Orig Vendor: US Post Office
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 892 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ray Keating</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 16 Lucky Rd		<b>Transaction ID: 5360</b>	
City State Zip Code Severn MD 21144	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. C	Telephone at Fair Market Value		
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>B. Callie Fines</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 10621 Regent Park Court		<b>Transaction ID: 5361</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 3.28		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
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) <b>C. Ha-Hoa Hamano</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2741 Woodley Place		<b>Transaction ID: 5362</b>	
City State Zip Code Falls Church VA 22046	Amount of Each Receipt this Period 12.30		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	17.58
<b>TOTAL</b> 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 893 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kellie Dupree Mailing Address 1644 Florida Ave, NW City Washington State DC Zip Code 20009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5363</b> Amount of Each Receipt this Period 1.23 Postage at Fair Market Value Orig Vendor: US Post Office
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ .00	

<b>B.</b> Full Name (Last, First, Middle Initial) Laila Mohib Mailing Address 450 Massachusetts Avenue, NW Apt 605 City Washington State DC Zip Code 20011 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5364</b> Amount of Each Receipt this Period 1.31 Postage at Fair Market Value Orig Vendor: US Post Office
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ .00	

<b>C.</b> Full Name (Last, First, Middle Initial) Paul Simon Mailing Address 501 Connecticut Ave, NW #422 City Washington State DC Zip Code 20008 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID: 5366</b> Amount of Each Receipt this Period 5.01 Postage at Fair Market Value Orig Vendor: US Post Office
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7.55</b>
<b>TOTAL</b> This Period (last page this line 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 894 / 2072  
(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)  
Becca Runyan  
Mailing Address 324 5th 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 Y  
1 0 / 1 5 / 2 0 0 7  
Transaction ID: 5365  
Amount of Each Receipt this Period  
64.99  
Telephone at Fair Market Value  
Orig Vendor: Verizon

**B.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions  
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 Y  
1 0 / 1 7 / 2 0 0 7  
Transaction ID: 5367  
Amount of Each Receipt this Period  
31.09  
Telephone at Fair Market Value  
Orig Vendor: Working Assets

**C.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions  
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 Y  
1 0 / 1 7 / 2 0 0 7  
Transaction ID: 5368  
Amount of Each Receipt this Period  
13.36  
Copies at Fair Market Value  
Orig Vendor: Ikon Office Solutions

**SUBTOTAL** of Receipts This Page (optional) ..... ► **109.44**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Premium Payment Services</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1998		<b>Transaction ID: 5370</b>	
City Alpharetta	State GA	Zip Code 30023	Amount of Each Receipt this Period 991.70
FEC ID number of contributing federal political committee. C		Health Insurance at Fair Market Value	
Name of Employer	Occupation	Orig Vendor: The Guardian	
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>B. Ramona Oliver</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 10012 Dallas Avenue		<b>Transaction ID: 5372</b>	
City Silver Springs	State MD	Zip Code 20901	Amount of Each Receipt this Period 360.55
FEC ID number of contributing federal political committee. C		Travel at Fair Market Value	
Name of Employer	Occupation	Orig reported Amex memo entry	
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>C. US Post Office</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1050 Connecticut Ave, NW		<b>Transaction ID: 5373</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 457.00
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1809.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 896 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dell Financial Services</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address One Dell Way		<b>Transaction ID: 5374</b>
City State Zip Code Round Rock TX 78682	Amount of Each Receipt this Period 1056.44	
FEC ID number of contributing federal political committee. <b>C</b>	Computer Equipment Refund	
Name of Employer Occupation	At Fair Market Value	
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>B. AH&amp;T</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 20 South King St		<b>Transaction ID: 5375</b>
City State Zip Code Leesburg VA 20175	Amount of Each Receipt this Period 5013.00	
FEC ID number of contributing federal political committee. <b>C</b>	Insurance Refund	
Name of Employer Occupation	At Fair Market Value	
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>C. Bev Perdue Committee</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 12086		<b>Transaction ID: 5376</b>
City State Zip Code Raleigh NC 27605	Amount of Each Receipt this Period 840.63	
FEC ID number of contributing federal political committee. <b>C</b>	Mailing Expenses	
Name of Employer Occupation	At Fair Market Value	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6910.07
<b>TOTAL</b> This Period (last page this line 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 897 / 2072
	(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) <b>A.</b> Jeanne Shaheen for Senate		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 1510		<b>Transaction ID:</b> 5377
City State Zip Code Manchester NH 03105	Amount of Each Receipt this Period 15640.59	
FEC ID number of contributing federal political committee. <b>C</b>	Mailing Expenses At Fair Market Value	
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>B.</b> Kirkpatrick for Arizona		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box G		<b>Transaction ID:</b> 5379
City State Zip Code Flagstaff AZ 86001	Amount of Each Receipt this Period 15640.59	
FEC ID number of contributing federal political committee. <b>C</b>	Mailing Expenses At Fair Market Value	
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>C.</b> Hillary Clinton for President Exp Comm		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4420 North Fairfax Dr		<b>Transaction ID:</b> 5380
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 15548.35	
FEC ID number of contributing federal political committee. <b>C</b>	Mailing Expenses At Fair Market Value	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>46829.53</b>
<b>TOTAL</b> This Period (last page this line 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 898 / 2072
	(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) <b>A.</b> US Post Office		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1050 Connecticut Ave, NW		<b>Transaction ID:</b> 5384	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 457.00		
FEC ID number of contributing federal political committee. <b>C</b>	Postage Refund		
Name of Employer Occupation	Aggregate Year-to-Date ▼ .00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Markham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1402 Emerson Street, NW		<b>Transaction ID:</b> 5385	
City State Zip Code Washington DC 20011	Amount of Each Receipt this Period 0.61		
FEC ID number of contributing federal political committee. <b>C</b>	Telephone at Fair Market Value		
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>C.</b> Susan Markham		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1402 Emerson Street, NW		<b>Transaction ID:</b> 5386	
City State Zip Code Washington DC 20011	Amount of Each Receipt this Period 7.80		
FEC ID number of contributing federal political committee. <b>C</b>	Deliveries at Fair Market Value		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	465.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 899 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Sabrina Brown</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 3730 5th St		<b>Transaction ID: 5347</b>	
City State Zip Code North Beach MD 20714	Amount of Each Receipt this Period 5.83		
FEC ID number of contributing federal political committee. C	Telephone at Fair Market Value		
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>B. Celco</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9663 C Main St		<b>Transaction ID: 5371</b>	
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 1386.20		
FEC ID number of contributing federal political committee. C	List Rental Refund		
Name of Employer Occupation	At Fair Market Value		
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>C. Kilroy for Congress</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3886 N High St		<b>Transaction ID: 5378</b>	
City State Zip Code Columbus OH 43214	Amount of Each Receipt this Period 15640.59		
FEC ID number of contributing federal political committee. C	Mailing Expenses		
Name of Employer Occupation	At Fair Market Value		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	17032.62
<b>TOTAL</b> 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 900 / 2072

(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.** Donor Services Group

Full Name (Last, First, Middle Initial)  
Mailing Address 11500 W Olympic Blvd #540

City State Zip Code  
Los Angeles CA 90064

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID: 5388**

Amount of Each Receipt this Period  
266.79

Travel at Fair Market Value

Orig Reported Amex Memo Entry

**B.** Jeanne Shaheen for Senate

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1510

City State Zip Code  
Manchester NH 03105

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  
1 0 / 3 1 / 2 0 0 7

**Transaction ID: 5389**

Amount of Each Receipt this Period  
10.47

Credit card fees at fair market value

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>277.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>73484.83</b>

**SCHEDULE A (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 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1850 K St, NW		<b>Transaction ID:</b> 5381
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 62.29	
FEC ID number of contributing federal political committee. <b>C</b>	Dividend	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 380.14		

Full Name (Last, First, Middle Initial) <b>B.</b> Bank of America		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1500 Pennsylvania Ave, NW		<b>Transaction ID:</b> 5382
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 226.85	
FEC ID number of contributing federal political committee. <b>C</b>	Interest	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2202.26		

Full Name (Last, First, Middle Initial) <b>C.</b> Bank of America		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1500 Pennsylvania Ave, NW		<b>Transaction ID:</b> 5383
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2693.84	
FEC ID number of contributing federal political committee. <b>C</b>	Sweep Interest	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 32156.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2982.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 902 / 2072
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Fifth Third Bankcorp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2 North La Salle		<b>Transaction ID: 5387</b>	
City State Zip Code Chicago IL 60402		Amount of Each Receipt this Period 6.30	
FEC ID number of contributing federal political committee. <b>C</b>		Dividend	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 24.90	

Full Name (Last, First, Middle Initial) <b>B. Merrill Lynch</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1850 K St, NW Suite 700		<b>Transaction ID: 53991</b>	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 5060.31	
FEC ID number of contributing federal political committee. <b>C</b>		Sale of 24 shs Shs Xinhua HK China	
Name of Employer Occupation		Cntrb A.Moses reported 10- /25/07	
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>C. Merrill Lynch</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1850 K St, NW Suite 700		<b>Transaction ID: 5392</b>	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 962.23	
FEC ID number of contributing federal political committee. <b>C</b>		Sale of 25 shs GE	
Name of Employer Occupation		Cntrb L.Caine reported 10- /26/07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6028.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 903 / 2072</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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) Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1850 K St Suite 700		Transaction ID: 5390
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1049.18	
FEC ID number of contributing federal political committee. C		Sale of 12 shs of Exxon
Name of Employer	Occupation	Cntrb N. Picconi reported 9/27/07
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) Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1850 K St, NW Suite 700		Transaction ID: 5394
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 210.85	
FEC ID number of contributing federal political committee. C		Sale of 1 sh Shs Xinhua HK China
Name of Employer	Occupation	A.Moses rep 10/25 tran to NF 10/31 206.49;11/15 4.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1260.03
<b>TOTAL</b> This Period (last page this line number only) .....	10271.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 904 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carol J. Aaron		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 390 Bleecker Street		<b>Transaction ID:</b> 2306572	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Actress and Producer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane Markham Abel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 900 University St Apt 2T		<b>Transaction ID:</b> 2302462	
City State Zip Code Seattle WA 98101		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Elena P. Abrahams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7 North Street		<b>Transaction ID:</b> 2304714	
City State Zip Code Old Greenwich CT 06870		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greenwich, CT Board of Education Occupation Substitute Teacher/Tutor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Barbara Abramowitz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 7832 16th Street NW		<b>Transaction ID:</b> 2301319	
City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 100.00		
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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Barbara Abramowitz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 7832 16th Street NW		<b>Transaction ID:</b> 2301864	
City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 100.00		
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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Bonnie Ackley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 907 Berkshire Road		<b>Transaction ID:</b> 2302927	
City State Zip Code Ann Arbor MI 48104	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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 906 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan Adin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10571 Stonebridge Boulevard		<b>Transaction ID: 2304601</b>	
City State Zip Code Boca Raton FL 33498	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 290.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Janice S. Adkins</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1611 Cold Spring Road Apt. 219		<b>Transaction ID: 2303472</b>	
City State Zip Code Williamstown MA 01267	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Elaine Adler</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 910 Franklin Lakes Road		<b>Transaction ID: 2307114</b>	
City State Zip Code Franklin Lakes NJ 07417	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Business	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 907 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Polly H. Agee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2818 N. Nottingham Street		<b>Transaction ID:</b> 2301835
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Agee & Company	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>B.</b> Ms. Jean S. Albert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 250 W. 15th Street #2F		<b>Transaction ID:</b> 2308006
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NYC Health & Hospitals Co-rp.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Madeline Albright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1318 34th Street, NW		<b>Transaction ID:</b> 2408914
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Albright Group	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Trans \$3,500 to NF on 11/-13

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line 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 908 / 2072  
(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. Mary Jane Alexander

Mailing Address 98 Depot Place

City State Zip Code  
Nyack NY 10960

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

Name of Employer Occupation  
NYS Office of Mental Health Psychologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303738

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. A. Ann Alexander

Mailing Address 3114 Fairhope

City State Zip Code  
Houston TX 77025

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

Name of Employer Occupation  
Texas Children's Hospital social worker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298780

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Constance K. Alford

Mailing Address 1208 Church Street

City State Zip Code  
Port Gibson MS 39150

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

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308390

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 909 / 2072						
	(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) <b>A.</b> Ms. Marilyn K. Alimpich		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 335 Hartsough Avenue		<b>Transaction ID:</b> 2300430	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Social Security Administration	Occupation Social/Insurance Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Gracia A. Alkema		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 19 Dominion Court		<b>Transaction ID:</b> 2299587	
City State Zip Code Rancho Mirage CA 92270	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sarah J. Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 401 6th Avenue SW		<b>Transaction ID:</b> 2307554	
City State Zip Code Warroad MN 56763	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line 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 910 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann Allen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 13801 York Road		<b>Transaction ID:</b> 2302817	
City State Zip Code Cockeysville MD 21030		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Allen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 19 Bells Cove Drive Apt. H		<b>Transaction ID:</b> 2303503	
City State Zip Code Pogooson VA 23662		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Kay Benton Allison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 301 E. Rosewood Avenue		<b>Transaction ID:</b> 2302708	
City State Zip Code San Antonio TX 78212		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 911 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Coert Almstead</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 15 Joslen Heights Road		<b>Transaction ID: 2303826</b>	
City State Zip Code Hudson NY 12534		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Joslen Heights Corp. Office Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sunny Jung Alsup</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3019 44th Street NW		<b>Transaction ID: 2306972</b>	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Mr. Eduardo Alvarez</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 9663 Santa Monica Blvd #655		<b>Transaction ID: 2301209</b>	
City State Zip Code Beverly Hills CA 90210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 912 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Amann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 3503		<b>Transaction ID:</b> 2303517
City State Zip Code West McLean VA 22103	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation SELF EMPLOYED	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jean L. Ambrose		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7305 Westover Way		<b>Transaction ID:</b> 2302767
City State Zip Code Somerset NJ 08873	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 ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Barbara G Andersen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 7 Macbeth Ct.		<b>Transaction ID:</b> 2308428
City State Zip Code Rancho Mirage CA 92270	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 ▼ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 913 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Katharine D. Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 3831 Alta Vista Avenue		<b>Transaction ID:</b> 2302378
City State Zip Code Santa Rosa CA 95409	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hall & Bartley	Occupation Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy E Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 23 Teresa Road		<b>Transaction ID:</b> 2303987
City State Zip Code Hopkinton MA 01748	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Cynthia Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2102 Jane Court		<b>Transaction ID:</b> 2299445
City State Zip Code Grand Haven MI 49417	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 914 / 2072  
(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. Sue Ann Anderson

Mailing Address 9340 N. Shore Trail N

City State Zip Code  
Forest Lake MN 55025

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

Name of Employer Occupation  
Fairview Lakes Home Caring Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID: 2301286**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan M. Anderson

Mailing Address 2427 Kessler Blvd.

City State Zip Code  
Lincoln NE 68502

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

Name of Employer Occupation  
Woods Bros. Real estate education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2306914**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice Anderson

Mailing Address 2304 Killarney Way

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID: 2301310**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 915 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Cindy Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 156 Palos Verdes		<b>Transaction ID: 2303523</b>	
City State Zip Code White Salmon WA 98672	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VETERINARIAN Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Laurens Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 6205 Mineral Point Rd Apt 520		<b>Transaction ID: 2307692</b>	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Stacey Angus</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1808 46th Avenue		<b>Transaction ID: 2306356</b>	
City State Zip Code Capitola CA 95010	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	471.00
<b>TOTAL</b> This Period (last page this line 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 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alix Ankele		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 552 Riverside Drive, Apt. 6A		<b>Transaction ID:</b> 2306954	
City State Zip Code New York NY 10027		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Kathleen Anne Anne Robbins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 230 Channing Way		<b>Transaction ID:</b> 2304313	
City State Zip Code Alameda CA 94502		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer K Robbins & Assoc. Occupation International Developer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Muriel Arceneaux		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 502 Warren Street		<b>Transaction ID:</b> 2303871	
City State Zip Code Vicksburg MS 39180		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<b>TOTAL</b> This Period (last page this line 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 917 / 2072  
(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. Peter Arger

Mailing Address 414 Old Lancaster Rd.  
#103

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 ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307870

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Raymond Arlich

Mailing Address 18514 Arlich Road

City State Zip Code  
Goodland MN 55742

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307298

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Glenna M. Armstrong

Mailing Address 10205 Lakeshore Drive

City State Zip Code  
West Olive MI 49460

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306729

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 918 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Myra Armstrong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 105 Thompson Drive		<b>Transaction ID:</b> 2305762
City State Zip Code Richardson TX 75080	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. Charles Armstrong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 5000 Montrose Blvd., Apt. 22C		<b>Transaction ID:</b> 2308681
City State Zip Code Houston TX 77006	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Charles Armstrong Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Dorothy A. Armstrong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 105 Sunset View Street		<b>Transaction ID:</b> 2304222
City State Zip Code Longview WA 98632	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 919 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Aron

Mailing Address 1334 Shel mire Avenue II

City Philadelphia State PA Zip Code 19111

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  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303722

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sandra Aronberg, M.D.

Mailing Address 416 N Bedford Dr Suite 300

City Beverly Hills State CA Zip Code 90210

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2300804

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sandra Aronberg, M.D.

Mailing Address 416 N Bedford Dr Suite 300

City Beverly Hills State CA Zip Code 90210

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2301855

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line 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 / 2072  
(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. Rose Aronin

Mailing Address 5113 Cantabria Crst

City State Zip Code  
Sarasota FL 34238

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2305784**

Amount of Each Receipt this Period  
21.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon L Arthur

Mailing Address 34915 Chestnut Street

City State Zip Code  
Wayne MI 48184

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  
10 / 25 / 2007

**Transaction ID: 2307556**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Valerie Ascutto

Mailing Address 115 Westervelt Avenue

City State Zip Code  
Tenafly NJ 07670

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

Name of Employer Occupation  
Merrill Lynch Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2305823**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **146.00**

**TOTAL** This Period (last page this line 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 921 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Arletta M. Ashe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10 Prout Place		<b>Transaction ID: 2304080</b>	
City State Zip Code Cape Elizabeth ME 04107	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Claire Ashkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5701 Centre Avenue Apt. 1511		<b>Transaction ID: 2305993</b>	
City State Zip Code Pittsburgh PA 15206	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Patricia R Ashton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 93 Islan Avenue		<b>Transaction ID: 2303521</b>	
City State Zip Code Spruce Head ME 04859	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 922 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Austin Mailing Address 693 Jean St. City State Zip Code Oakland CA 94610 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 2302034 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Los Medanos College Teacher Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frank Austin Mailing Address 10408 47th Avenue S. City State Zip Code Tukwila WA 98178 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> 2307839 Amount of Each Receipt this Period 100.00
Name of Employer Occupation REQUESTED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Frank Austin Mailing Address 10408 47th Avenue S. City State Zip Code Tukwila WA 98178 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 2308473 Amount of Each Receipt this Period 100.00
Name of Employer Occupation REQUESTED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 923 / 2072
	<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. Margaret Axley

Mailing Address 34 Seascape Dr.

City State Zip Code  
Half Moon Bay CA 94019

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

Name of Employer Sequoia Hospital Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303965

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Aycock-Burr

Mailing Address 415 South St Apt 1201

City State Zip Code  
Honolulu HI 96813

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

Name of Employer Self Occupation Christian Science Practitioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299280

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lynn Bachelor

Mailing Address 2309 Pemberton Drive

City State Zip Code  
Toledo OH 43606

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

Name of Employer University of Ohio Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305774

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 924 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lucille Bacon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 616		<b>Transaction ID:</b> 2307268
City Gleneden Beach	State OR	Zip Code 97388
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 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 ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marguerite G. Baer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4475 Pinecrest Drive		<b>Transaction ID:</b> 2307708
City Eugene	State OR	Zip Code 97405
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 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 ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Linda Bailey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 878		<b>Transaction ID:</b> 2305904
City Morongo Valley	State CA	Zip Code 92256
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00
Name of Employer unemployed	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	225.00
<b>TOTAL</b> This Period (last page this line 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 925 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Judy Bailey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3644 Bagley Ave N		<b>Transaction ID: 2302928</b>	
City State Zip Code Seattle WA 98103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Mr. Cedric Bainton</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 50 Ventura Ave		<b>Transaction ID: 2305054</b>	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UCSF Med Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician-retired Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jean H. Baird</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 4606d SW Caldew Street		<b>Transaction ID: 2308743</b>	
City State Zip Code Portland OR 97219	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 926 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pat K. Bakalian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 814 Escalona Drive		<b>Transaction ID:</b> 2301875	
City State Zip Code Santa Cruz CA 95060		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Virginia H. Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 1716 Bath Street, Apt. 3		<b>Transaction ID:</b> 2301344	
City State Zip Code Santa Barbara CA 93101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alison Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 229 Sullivan Street, # 4A		<b>Transaction ID:</b> 2305259	
City State Zip Code New York NY 10012		Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-employed Occupation writer, oral historian			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	371.00
<b>TOTAL</b> This Period (last page this line 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 927 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John H. Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 121 Holdsworth Rd		<b>Transaction ID:</b> 2306641
City State Zip Code Williamsburg VA 23185	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Alison Baldwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1415 E 54th Place		<b>Transaction ID:</b> 2307136
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation STATISCIAN	Aggregate Year-to-Date ▼ 306.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbar Baldwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 4923 W. Cullom Avenue		<b>Transaction ID:</b> 2301558
City State Zip Code Chicago IL 60641	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 928 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Lawrence C. Baldwin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 13708 Leland Road		<b>Transaction ID: 2306700</b>
City State Zip Code Centreville VA 20120	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Cynthia B. Baldwin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 432 N Saint Asaph St		<b>Transaction ID: 2305971</b>
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation General Reinsurance Corporation Reinsurance Executive	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>C. Ms. Millicent Ball</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1415 Country Ridge Drive		<b>Transaction ID: 2302806</b>
City State Zip Code Desoto TX 75115	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 929 / 2072  
(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. Virginia Bandura

Mailing Address 820 San Francisco Court

City State Zip Code  
Stanford CA 94305

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303500

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Martha Bannister

Mailing Address 1139 Sunnyside Drive

City State Zip Code  
Healdsburg CA 95448

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

Name of Employer Occupation  
Vinqury Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302318

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha Bannister

Mailing Address 1139 Sunnyside Drive

City State Zip Code  
Healdsburg CA 95448

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

Name of Employer Occupation  
Vinqury Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2307229

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 930 / 2072  
(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. Constance Barba

Mailing Address 1044 Northwood Drive

City State Zip Code  
San Carlos CA 94070

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2306219

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Barley

Mailing Address 110 De Leon Avenue

City State Zip Code  
Islamorada FL 33036

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

Name of Employer Occupation  
Save Our Everglades Chair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 2308725

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary V Barmettler

Mailing Address 1388 Cordelia Ave.

City State Zip Code  
San Jose CA 95129

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305790

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**TOTAL** This Period (last page this line 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 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathryn E. Barnard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 11508 Durland Avenue NE		<b>Transaction ID: 2304132</b>	
City State Zip Code Seattle WA 98125	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ. of Washington	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Pamela M. Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address P.O. Box 3336		<b>Transaction ID: 2301337</b>	
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation Tax 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) <b>C. Rev. Susan J. Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1403 Alegria Rd		<b>Transaction ID: 2308538</b>	
City State Zip Code Austin TX 78757	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lpisapel Church	Occupation Clergy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	835.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 932 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul Barns		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 69 Nighthawk		<b>Transaction ID:</b> 2305863
City State Zip Code Irvine CA 92604	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Donna Bahry Bartlett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 628 Fairway Road		<b>Transaction ID:</b> 2308257
City State Zip Code State College PA 16803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Professor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Rena Hecht Basch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 4260 Shetland Drive		<b>Transaction ID:</b> 2308746
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Technical Leader	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Stephen R. Baum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 111 Newell Avenue		<b>Transaction ID:</b> 2304923
City State Zip Code Neeham MA 02492	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kurzweil Educational Systems	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) <b>B.</b> Dr. Carolyn Baum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6314 S. Rosebury Avenue Apt. 3W		<b>Transaction ID:</b> 2305042
City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WA University School	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>C.</b> Ms. Barbara S. Bayless		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 71 Faculty Place		<b>Transaction ID:</b> 2307183
City State Zip Code Wilmington OH 45177	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 934 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helen M. Beall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1255 Mt. Ida Road		<b>Transaction ID:</b> 2302718
City State Zip Code Oroville CA 95966	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anita S. Beaton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 8200 West 33rd Street #114		<b>Transaction ID:</b> 2308255
City State Zip Code St. Lois Park MN 55426	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Hamline Univeristy Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Diana Beck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1224 Milwaukee St		<b>Transaction ID:</b> 2305270
City State Zip Code Denver CO 80206	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation self homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line 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 / 2072  
(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 (Bill) G. Becker

Mailing Address 43791 Washburn Drive

City State Zip Code  
Three Rivers CA 93271

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2304671

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marlys J. Becker

Mailing Address 1279 Central Ave N

City State Zip Code  
Valley City ND 58072

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2304575

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Clare Beckhardt

Mailing Address 10 West 65th Street  
Apt. 1K

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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307791

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 936 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Beckler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 472 115 Main Street		<b>Transaction ID:</b> 2306537
City Ducktown State TN Zip Code 37326	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ertem M Beckman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 56 Shoreham Drive		<b>Transaction ID:</b> 2302946
City Rochester State NY Zip Code 14618	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy B. Beecher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 4424 Edmund Blvd		<b>Transaction ID:</b> 2307181
City Minneapolis State MN Zip Code 55406	Amount of Each Receipt this Period 2008.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Medical Consultant Aggregate Year-to-Date ▼ 2758.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2108.00
<b>TOTAL</b> This Period (last page this line 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 937 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Donna M. Beestman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9 Southwick Circle		<b>Transaction ID:</b> 2302898
City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Manchester Inc	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) <b>B.</b> Ms. Diane Belcher Bacon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 3033 Bridgefield Court		<b>Transaction ID:</b> 2307297
City State Zip Code The Village FL 32162	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marian H. Bellama		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 13102 Silver Maple Court		<b>Transaction ID:</b> 2303359
City State Zip Code Bowie MD 20715	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pastoral Counseling	Occupation Clin. Soc. Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	530.00
<b>TOTAL</b> This Period (last page this line 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 938 / 2072  
(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. Lorraine Belmont

Mailing Address 103 Alta Street

City State Zip Code  
San Francisco CA 94133

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  
10 / 25 / 2007

**Transaction ID:** 2307530

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary H. Beman

Mailing Address 54 Main Street

City State Zip Code  
Nantucket MA 02554

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  
10 / 17 / 2007

**Transaction ID:** 2302951

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sherry Bendall

Mailing Address 3 Mondrian

City State Zip Code  
Aliso Viejo CA 92656

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  
10 / 17 / 2007

**Transaction ID:** 2306123

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 939 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Cheryl Eisen Bender		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address PO Box 676360		<b>Transaction ID:</b> 2303499
City State Zip Code Rancho Santa Fe CA 92067	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Brenda Skelton Bendtsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address W166 S 8362 Kurtze Lane		<b>Transaction ID:</b> 2308812
City State Zip Code Muskego WI 53150	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Sr. VP Marketing	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Melinda Benedek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1927 Sprucewood Lane		<b>Transaction ID:</b> 2301847
City State Zip Code Los Angeles CA 90077	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Television Executive	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 940 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty Bengtson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 1280 E. Paseo Pavon		<b>Transaction ID:</b> 2307710
City State Zip Code Tucson AZ 85718	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Jeanne Q. Benoliel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 22975 SE Black Nugget Road Apt. 402		<b>Transaction ID:</b> 2302299
City State Zip Code Issaquah WA 98029	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Mr. Robert P Bentz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3001 Valley Brook Dr.		<b>Transaction ID:</b> 2305288
City State Zip Code Champaign IL 61822	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	215.00
<b>TOTAL</b> This Period (last page this line 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 / 2072  
(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. Lisa Berg

Mailing Address 1470 Wentworth Ave

City State Zip Code  
Sacramento CA 95822

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

Name of Employer Self Occupation Private professional conservtr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301498

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Josepine F. Berg

Mailing Address 414 Brookside Drive E.

City State Zip Code  
Bryan TX 77801

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298737

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barbara H Bergmann

Mailing Address 966 SE Sunwood Court

City State Zip Code  
Bend OR 97702

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301507

Amount of Each Receipt this Period  
1000.00

**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 942 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jean F. Bergstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3690 Ashworth Drive		<b>Transaction ID:</b> 2302876
City State Zip Code Cincinnati OH 45208	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 ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy Bergstrom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3935 Ramble Creek Drive		<b>Transaction ID:</b> 2304916
City State Zip Code Missouri City TX 77459	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Professor	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marjorie Berk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7 E 14th Street, Apt.1117		<b>Transaction ID:</b> 2305663
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1170.00
<b>TOTAL</b> This Period (last page this line 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 943 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth Berman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 4423 39th Street NW		<b>Transaction ID:</b> 2307508
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Jamie L. Berndt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 409 E. Chicago Ave.		<b>Transaction ID:</b> 2308320
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 4000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anne M. Beroza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 24 Regency Place		<b>Transaction ID:</b> 2303808
City State Zip Code Weehawken NJ 07086	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 944 / 2072  
(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. Susan D. Berrington

Mailing Address 5920 Granby Rd.

City State Zip Code  
Derwood MD 20855

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298782**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon Bertsch

Mailing Address 5233 Pullman Ave NE

City State Zip Code  
Seattle WA 98105

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

Name of Employer Occupation  
Self Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID: 2300327**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rose S. Bethe

Mailing Address 324 Savage Farm Drive

City State Zip Code  
Ithaca NY 14850

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301437**

Amount of Each Receipt this Period  
50.00

**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 945 / 2072						
	(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) <b>A.</b> Ms. Lieselotte N. Betterman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1506 Willow Lane		<b>Transaction ID:</b> 2300346	
City State Zip Code Mt. Prospect IL 60056	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Edis H. Betts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2 Wonderbrook Drive		<b>Transaction ID:</b> 2301863	
City State Zip Code Kennebunk ME 04043	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. O. Franklin Beumer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1566 Old Plank Road		<b>Transaction ID:</b> 2304834	
City State Zip Code Newburgh IN 47630	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 946 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Ann H. Beyer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 343 Rim Road		<b>Transaction ID:</b> 2302326	
City State Zip Code Los Alamos NM 87544		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) Mr. Adam Bianchi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2908 Debra Drive		<b>Transaction ID:</b> 2307316	
City State Zip Code Raleigh NC 27607		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Cutting Edge Information Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Nancy A Bibler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 905 Oak Street		<b>Transaction ID:</b> 2304136	
City State Zip Code Chattanooga TN 37403		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan Dolan Biblo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 4561 Walnut Street		<b>Transaction ID:</b> 2299272	
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant	Aggregate Year-to-Date ▼ 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Edna R Bick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 9468 Beecher Rd.		<b>Transaction ID:</b> 2298818	
City State Zip Code Flushing MI 48433	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Genesys Integrated Group Practice Occupation Physician semi-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>C.</b> Ms. Sheila Biddle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 125 E. 72nd Street		<b>Transaction ID:</b> 2301761	
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 Occupation REQUESTED	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 948 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Amy Bilkey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1051 Fox Chapel Rd.		<b>Transaction ID: 2307373</b>	
City State Zip Code Pittsburgh PA 15238	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Benjamin Lee Bird</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address P.O. Box 356		<b>Transaction ID: 2299582</b>	
City State Zip Code Flint Hill VA 22627	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 ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Benjamin Lee Bird</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 356		<b>Transaction ID: 2300742</b>	
City State Zip Code Flint Hill VA 22627	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 ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 949 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert F Bisson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 735 County Route 25		<b>Transaction ID: 2305339</b>
City State Zip Code Stuyvesant NY 12173	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Constance Blair</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 1378 Ruffner Court		<b>Transaction ID: 2308305</b>
City State Zip Code Schenectady NY 12309	Amount of Each Receipt this Period 100.00	
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>C. Ms. Jeanne M. Blair</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5336 Ponderosa Dr		<b>Transaction ID: 2303983</b>
City State Zip Code Columbus OH 43231	Amount of Each Receipt this Period 25.00	
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 950 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Ilona E. Blanchard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1015 E Street SE		<b>Transaction ID: 2306404</b>	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer City of Takoma Park	Occupation Urban Design/Community Planner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. June Weisberger Blanchard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 2021 Van Hise Avenue		<b>Transaction ID: 2301356</b>	
City State Zip Code Madison WI 53726	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. E. F. Blankenship</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 103 Bookout Road		<b>Transaction ID: 2302359</b>	
City State Zip Code Ringgold GA 30736	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 951 / 2072
	<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) <b>A. Ms. Evelyne K. Blau</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 1475 Bel Air Road		<b>Transaction ID: 2301289</b>	
City State Zip Code Los Angeles CA 90077		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Author			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lone T Blecher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 30 Smokey Hollow Ct		<b>Transaction ID: 2306429</b>	
City State Zip Code Carmel NY 10512		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Phoebe Blinder</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 945		<b>Transaction ID: 2304452</b>	
City State Zip Code Westhampton Beach NY 11978		Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1051.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 F. Bloch

Mailing Address 1705 Angelo Drive

City State Zip Code  
Beverly Hills CA 90210

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308301

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eve J. Blohm

Mailing Address 116 Central Park S. Apt. 8F

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Self Investor/Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302846

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Maura Bluestone

Mailing Address 32 Parkway Drive

City State Zip Code  
Dobbs Ferry NY 10522

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

Name of Employer Occupation  
Affinity Health Place Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306556

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 953 / 2072		
	<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) <b>A.</b> Ms. Heidi Blumenthal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 705 Chiquita Road		<b>Transaction ID:</b> 2304130	
City State Zip Code Healdsburg CA 95448	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Bly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 22 Prospect Drive N.		<b>Transaction ID:</b> 2308081	
City State Zip Code Huntington Station NY 11746	Amount of Each Receipt this Period 111.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Billie M. Bobbitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3003 Cisco Road W14		<b>Transaction ID:</b> 2303928	
City State Zip Code Sidney OH 43456	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	351.00
<b>TOTAL</b> This Period (last page this line 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 / 2072  
(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. Barbara Boberg

Mailing Address 41 Lake Avenue

City State Zip Code  
Piedmont CA 94611

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305891

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walt S. Bobo

Mailing Address 5610 Saint Moritz Street

City State Zip Code  
Bellaire TX 77401

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

Name of Employer prefer not to disclose Occupation  
Mechanical Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302373

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor B. Bochner

Mailing Address 9402 Colonnade Drive

City State Zip Code  
Vienna VA 22181

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2304068

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 955 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard Bockrath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 401 W. Westfield Blvd.		<b>Transaction ID:</b> 2308501
City State Zip Code Indianapolis IN 46208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jean Bogen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 17332 Yosemite Cir.		<b>Transaction ID:</b> 2304152
City State Zip Code Huntington Beach CA 92647	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 610.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janice Bohac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5775 Wyncliff Road		<b>Transaction ID:</b> 2306134
City State Zip Code North Charleston SC 29418	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	365.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 956 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Stuart H. Bohart

Mailing Address 1585 Broadway

City State Zip Code  
New York NY 10036

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2301373

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cathy Bomstein

Mailing Address 743 Montclair St

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Occupation  
Self Musician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304758

Amount of Each Receipt this Period  
32.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen Citron Boodman

Mailing Address 1010 Waltham Street C # 458

City State Zip Code  
Lexington MA 02421

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299612

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1132.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Judith A Booker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3442 Surrey Lane		<b>Transaction ID:</b> 2303957	
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer City of Alexandria, VA	Occupation Psychotherapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Aimee B. Boone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 3211 Harris Park Av		<b>Transaction ID:</b> 2300154	
City State Zip Code Austin TX 78705	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer George Washington University	Occupation graduate student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Aimee B. Boone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3211 Harris Park Av		<b>Transaction ID:</b> 2305157	
City State Zip Code Austin TX 78705	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. C			
Name of Employer George Washington University	Occupation graduate student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1083.00
<b>TOTAL</b> This Period (last page this line 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 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Elaine S. Booth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 3 Winterbranch		<b>Transaction ID:</b> 2301843	
City Irvine	State CA	Zip Code 92604	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 ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen J Bopp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2301862	
City Falls Church	State VA	Zip Code 22044	Amount of Each Receipt this Period 100.00
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 Attorney Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lorraine Bosche		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 1930 Jackson Street		<b>Transaction ID:</b> 2299245	
City San Francisco	State CA	Zip Code 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 REQUESTED Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 959 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy M. Boughn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2071 Capstone Circle		<b>Transaction ID:</b> 2305049
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Cisco Exec Asst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Bovee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 233		<b>Transaction ID:</b> 2305788
City State Zip Code Boulder Creek CA 95006	Amount of Each Receipt this Period 25.00	
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) <b>C.</b> Mrs. Margaret B. Boverman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 14809 Pennfield Cir Apt 201		<b>Transaction ID:</b> 2302628
City State Zip Code Silver Spring MD 20906	Amount of Each Receipt this Period 25.00	
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 ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 960 / 2072
	<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) <b>A.</b> Ms. Cynthia Bowers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2917 Crescent Drive		<b>Transaction ID:</b> 2308517
City State Zip Code Columbus OH 43204	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSU Hospital	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Betty A. Brace		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 190 Shays Street		<b>Transaction ID:</b> 2305476
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Caroline F. Brady		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6 Peter Cooper Road, Apt. 12E		<b>Transaction ID:</b> 2303022
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 961 / 2072  
(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. Olivia Brady

Mailing Address 728 Stanbridge Street

City State Zip Code  
Norristown PA 19401

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2306273**

Amount of Each Receipt this Period  
21.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon J. Bramble

Mailing Address 122 Long Shadow Lane

City State Zip Code  
Cary NC 27518

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

Name of Employer Occupation  
IBM Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2306753**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Bramson

Mailing Address 321 24TH St

City State Zip Code  
Sacramento CA 95816

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

Name of Employer Occupation  
The Planning Council Health Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2306698**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1121.00**

**TOTAL** This Period (last page this line 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 962 / 2072  
(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. Robin M. Brand

Mailing Address 42 Bates St., NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Gill Action COO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306376

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Lisa C. Brandes

Mailing Address 162 Willard Street

City State Zip Code  
New Haven CT 06515

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

Name of Employer Occupation  
Yale University College Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307169

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha Brandriff

Mailing Address 601 W Holly Avenue, Apt. 63

City State Zip Code  
Pitman NJ 08071

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

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304765

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line 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 963 / 2072  
(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. Helen W. Brann

Mailing Address 94 Curtis Road

City State Zip Code  
Bridgewater CT 06752

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303307

Amount of Each Receipt this Period  
500.00

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

Mailing Address 37 W. 72 Street # 16E

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 ▼  
590.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305893

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan B. Brassert

Mailing Address 343 Commercial Street  
404 Union Wharf

City State Zip Code  
Boston MA 02109

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

Name of Employer Occupation  
housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2306007

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	560.00
<b>TOTAL</b> This Period (last page this line 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 964 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard H. Braucher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 702 Amherst Drive		<b>Transaction ID:</b> 2308396
City State Zip Code Waxahachie TX 75165	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Clotean H. Brayfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 736 Palisado Avenue		<b>Transaction ID:</b> 2303449
City State Zip Code Windsor CT 06095	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anne S. Brennan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 4201 E. Monte Vista Drive Apt. K101		<b>Transaction ID:</b> 2307604
City State Zip Code Tucson AZ 85712	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5150.00
<b>TOTAL</b> This Period (last page this line 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 965 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alysa M. Brennan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1929 Manhattan ave		<b>Transaction ID:</b> 2299037
City State Zip Code Hermosa Beach CA 90254	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation self photographer	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>B.</b> Ms. Kate Brennan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 201 N. Woodland Rd		<b>Transaction ID:</b> 2305934
City State Zip Code Pittsburgh PA 15232	Amount of Each Receipt this Period 15.00	
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>C.</b> Mrs. Marcella Brenner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7204 Pomander Lane		<b>Transaction ID:</b> 2302870
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		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 966 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Trudy Briggs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 710 Hodsdon Road		<b>Transaction ID:</b> 2305276	
City State Zip Code Pownal ME 04069	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) Dr. Herbert R Brinberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 115 East 87th Street, # 14B		<b>Transaction ID:</b> 2301743	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Brisbine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1225 Lasalle Avenue Apt. 1404		<b>Transaction ID:</b> 2304664	
City State Zip Code Minneapolis MN 55403	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1055.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072		
	<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) <b>A.</b> Ms. Barbara B Broadbent		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 254 Forest Street		<b>Transaction ID:</b> 2308069	
City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self financial consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carole J Brodtkin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 412 Ferrell Rd.		<b>Transaction ID:</b> 2303486	
City State Zip Code Mullica Hill NJ 08062	Amount of Each Receipt this Period 50.00		
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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Rhoda Fixell Brookman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9 Colgate Road		<b>Transaction ID:</b> 2307725	
City State Zip Code Great Neck NY 11023	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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> 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 968 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Hester Brooks</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10 the Valley Road		<b>Transaction ID: 2302937</b>
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Mr. Frank Brosius</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2569 Bunker Hill Road		<b>Transaction ID: 2305633</b>
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C. Ms. Marian P. Brower</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 17046 Lloyds Byu Apt. 118		<b>Transaction ID: 2305457</b>
City State Zip Code Spring Lake MI 49456	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 969 / 2072  
(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. Mary Lou Brown

Mailing Address 139 Via Baja

City State Zip Code  
Ventura CA 93003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308533

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Harriet T Brown

Mailing Address 1074 Boone Woods Trail

City State Zip Code  
Augusta MO 63332

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2301353

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Brown

Mailing Address 1150 Cove Edge Raod

City State Zip Code  
Syosset NY 11791

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305139

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 220.00

**TOTAL** This Period (last page this line 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 / 2072  
(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. Alberta O. Brown

Mailing Address 9536 Countryside Court

City State Zip Code  
Clarence Center NY 14032

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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302300

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara M. Brown

Mailing Address Box 77

City State Zip Code  
Wallula WA 99363

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306979

Amount of Each Receipt this Period  
100.00

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

Mailing Address 19650 Timberline Drive

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306779

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

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

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

FOR LINE NUMBER: PAGE 971 / 2072  
(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 W. Browne

Mailing Address 2719 W. 29th Avenue

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2302758**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla Browning

Mailing Address One Pleasant Grove Lane

City State Zip Code  
Ithaca NY 14850

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

Name of Employer Occupation  
Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2007

**Transaction ID: 2308528**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tecoah Bruce

Mailing Address 2954 Avalon Avenue

City State Zip Code  
Berkeley CA 94705

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  
10 / 17 / 2007

**Transaction ID: 2302933**

Amount of Each Receipt this Period  
50.00

**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 972 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Karl F. Bruch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 194 Northridge Dr		<b>Transaction ID:</b> 2303691
City State Zip Code Willoughby OH 44094	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Dr. Barbara S. Bruner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 795 Hammond Drive #407		<b>Transaction ID:</b> 2307175
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Elizabeth Bryan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 8102 Highwood Drive, # B139		<b>Transaction ID:</b> 2306882
City State Zip Code Bloomington MN 55438	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> 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 973 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Margaret Bryant</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1028 Lantana Drive		<b>Transaction ID: 2308813</b>	
City State Zip Code Los Angeles CA 90042	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Amorette N Bryant</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 11430 Valley Spring		<b>Transaction ID: 2304434</b>	
City State Zip Code Houston TX 77043	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Payroll Consultant	Aggregate Year-to-Date ▼ 820.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne Bryant</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2373 S. Queen Street		<b>Transaction ID: 2307153</b>	
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Executive Director	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 974 / 2072  
(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. Christine P. Buchholz

Mailing Address 1290 Parsons Dr

City State Zip Code  
Santa Rosa CA 95404

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  
1 0 / 3 0 / 2 0 0 7

**Transaction ID: 2308399**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Esther G. Buck

Mailing Address 1053 Wilson Avenue

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID: 2300698**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Esther G. Buck

Mailing Address 1053 Wilson Avenue

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307340**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

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

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

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

FOR LINE NUMBER: PAGE 975 / 2072  
(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. Katherine Isabelle Buckley

Mailing Address 2409 Stafford Avenue

City State Zip Code  
Raleigh NC 27607

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  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307686

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Buckley

Mailing Address 11101 Marden Lane

City State Zip Code  
Austin TX 78739

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

Name of Employer Occupation  
University of Texas Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306419

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Daphne Budge

Mailing Address 5648 E Cambridge Avenue

City State Zip Code  
Scottsdale AZ 85257

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306177

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 976 / 2072
	(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. 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 ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303754

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty C. Bullock

Mailing Address 1183 Chestnut St

City State Zip Code  
San Francisco CA 94109

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307141

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret B. Bunce

Mailing Address 7258 Evans Mill Road

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
308.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307150

Amount of Each Receipt this Period  
208.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	408.00
<b>TOTAL</b> This Period (last page this line 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 977 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia M. Burbank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address PO Box 7307		<b>Transaction ID:</b> 2307095
City State Zip Code Menlo Park CA 94026	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Cheryl C. Burke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 211 Great Falls Street		<b>Transaction ID:</b> 2304617
City State Zip Code Falls Church VA 22046	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Counsel Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William T Burke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 7735 57th Avenue NE		<b>Transaction ID:</b> 2308298
City State Zip Code Seattle WA 98115	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 978 / 2072
	(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 S. Burnett

Mailing Address 448 Poplar Street

City State Zip Code  
Denver CO 80220

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300733

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie A. Burnett

Mailing Address 2739 N. Radford Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Miller & Chevalier Financial Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302804

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sherry O. Burns

Mailing Address 10156 E. Estates Drive

City State Zip Code  
Cupertino CA 95014

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

Name of Employer Occupation  
Crate & Barrel stock clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303944

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 979 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jacqueline Burstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 982 Frazier Road		<b>Transaction ID:</b> 2301287
City State Zip Code Rydal PA 19046	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 512 Hickory Street		<b>Transaction ID:</b> 2301036
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Mrs. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 512 Hickory Street		<b>Transaction ID:</b> 2306626
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 980 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 512 Hickory Street		<b>Transaction ID:</b> 2306630	
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Elizabeth R. Buttenheim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 8 Hedge Row Road		<b>Transaction ID:</b> 2303629	
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Colleen Palmer Button		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1518 Stuart Road		<b>Transaction ID:</b> 2305920	
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1121.00
<b>TOTAL</b> This Period (last page this line 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 981 / 2072  
(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. Richard A Cable

Mailing Address PO Box 60928

City State Zip Code  
Sacramento CA 95860

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2305313**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline A. Cady

Mailing Address 75 Jefferson Court

City State Zip Code  
Flemington NJ 08822

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2302992**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary R. Cafiero

Mailing Address 1731 Fulton Street

City State Zip Code  
Palo Alto CA 94303

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307312**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **370.00**

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

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara L. Cambridge		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4501 Connecticut Ave., NW Apt. 603		<b>Transaction ID:</b> 2304486
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Indiana University	Occupation 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) <b>B.</b> Ms. Jean W. Campbell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4001 Glacier Hills Drive Unit 125		<b>Transaction ID:</b> 2307878
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jean Ray Campbell, Esq.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 10 Walnut Court		<b>Transaction ID:</b> 2301240
City State Zip Code South Orange NJ 07079	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McDonough Kiernan & Campbell	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1275.00
<b>TOTAL</b> This Period (last page this line 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 983 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Esther Canja		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1166 Winston Street		<b>Transaction ID:</b> 2301245
City State Zip Code Port Charlotte FL 33952	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Barbara K Caparulo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 87 Five Mile River Road		<b>Transaction ID:</b> 2299246
City State Zip Code Putnam CT 06260	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Admin. Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Lisa Capell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 58		<b>Transaction ID:</b> 2306215
City State Zip Code Hawthorn WI 54842	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

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

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

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

FOR LINE NUMBER: PAGE 984 / 2072  
(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. Paula J. Caplan

Mailing Address 26 Alpine St

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Self Writer/actor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307380**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nancy T. Carbonara

Mailing Address 16 Sheridan Court

City State Zip Code  
Pittsburgh PA 15206

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

Name of Employer Occupation  
self psychologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2303574**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 2835 Johnson Avenue

City State Zip Code  
Alameda CA 94501

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

Name of Employer Occupation  
self-employed Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304799**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

**TOTAL** This Period (last page this line 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 985 / 2072						
	(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) <b>A. Ms. Linda Carlisle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 233 Fisher Avenue		<b>Transaction ID: 2299658</b>	
City State Zip Code Brookline MA 02445	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Donna M Carlon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1905 Edgewood Drive		<b>Transaction ID: 2305284</b>	
City State Zip Code Edmond OK 73013	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Professor	Aggregate Year-to-Date ▼ 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Curtis W. Carmean</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 24 Springtree Lane		<b>Transaction ID: 2302833</b>	
City State Zip Code Yardley PA 19067	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 986 / 2072
	<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) <b>A.</b> Ms. Ellen P. Carnaghan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1618 Bellevue Avenue		<b>Transaction ID:</b> 2307164
City State Zip Code Saint Louis MO 63117	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation St. Louis Univ. Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy G. Caroll		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 549 Hill Terrace Unit 204		<b>Transaction ID:</b> 2304056
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Family Resource Center Admin. 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) <b>C.</b> Ms. Esther Carpenter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 6303 River Crescent Drive		<b>Transaction ID:</b> 2303187
City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	236.00
<b>TOTAL</b> This Period (last page this line 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 987 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Elsie R. Carr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 100 Thorndale Drive # 306		<b>Transaction ID:</b> 2307868	
City State Zip Code San Rafael CA 94903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Birgit Carstensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5941 Russell Lane		<b>Transaction ID:</b> 2305724	
City State Zip Code Forestville CA 95436	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Mary Cartwright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1714 Barton Hills Drive # B		<b>Transaction ID:</b> 2305990	
City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Psychotherapist Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	558.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Clare Casademont		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1049 Kirby Drive		<b>Transaction ID:</b> 2301878	
City State Zip Code Houston TX 77019		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon L Case		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1517 Columbia St SW		<b>Transaction ID:</b> 2304344	
City State Zip Code Olympia WA 98516		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Contract Lobbyist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jane I Cash		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10 Night Heron Drive		<b>Transaction ID:</b> 2305080	
City State Zip Code Stony Brook NY 11790		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1080.00
<b>TOTAL</b> This Period (last page this line 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 989 / 2072  
(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. Stewart Casper

Mailing Address 72 Seir Hill Road

City State Zip Code  
Wilton CT 06897

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306639

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Irene G. Casper

Mailing Address 145 Huckleberry Drive

City State Zip Code  
Jackson WY 83001

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301381

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Cass Cass

Mailing Address 2166 Broadway Apt. 23C

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302959

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 990 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Cong. Katherine A. Castor		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3012 Harbor View Avenue		<b>Transaction ID:</b> 2304274	
City State Zip Code Tampa FL 33611	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Broad and Cassel	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Karen Castor Dental		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 512 Bianca Ct.		<b>Transaction ID:</b> 2303460	
City State Zip Code Altamonte Springs FL 32701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Orange Coutny Public Scho- ols	Occupation teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Scott P. Catanzariti		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 37 Mulberry Loop		<b>Transaction ID:</b> 2306286	
City State Zip Code Cedar Crest NM 87008	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SARA, Inc.	Occupation Physicist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	215.00
<b>TOTAL</b> This Period (last page this line 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 991 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan R. Cates		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 416 Nottingham Drive		<b>Transaction ID:</b> 2303466	
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amer. Social Health Assoc.	Occupation Public affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Damon M. Cathey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 530 Buckingham Road Apt 711		<b>Transaction ID:</b> 2307751	
City State Zip Code Richardson TX 75081	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tektronix	Occupation Computer Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lorna Caulkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1314 Elm Street		<b>Transaction ID:</b> 2304019	
City State Zip Code Grinnell IA 50112	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stewart Library	Occupation Librarian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael J. Cervenak		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 81638		<b>Transaction ID:</b> 2303707	
City Rochester	State MI	Zip Code 48308	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>B.</b> Ms. Rachel Chanoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 130 Jane Street #5S		<b>Transaction ID:</b> 2304260	
City New York	State NY	Zip Code 10014	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Art and Film Administrator	Aggregate Year-to-Date ▼ 765.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith B. Chapman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1323 Country Club Drive		<b>Transaction ID:</b> 2304535	
City Camano Island	State WA	Zip Code 98282	Amount of Each Receipt this Period 25.00
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 993 / 2072
	<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) <b>A.</b> Ms. Ellen Chase		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 35 Prentice Hill Rd		<b>Transaction ID:</b> 2304490
City State Zip Code Alstead NH 03602	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lotus Development Corp.	Occupation Graphic Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joyce Chase		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2 Fifth Avenue		<b>Transaction ID:</b> 2302781
City State Zip Code New York City NY 10011	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Talent Manager	
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>C.</b> Ms. Cynthia Chase		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 909 Wyckott Road		<b>Transaction ID:</b> 2308344
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	345.00
<b>TOTAL</b> This Period (last page this line 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 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Chatham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 55 Crosby Street		<b>Transaction ID:</b> 2306405
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation artist	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Bob Chesler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 13405 Mango Drive		<b>Transaction ID:</b> 2300690
City State Zip Code Del Mar CA 92014	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker and Volunteer	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Zelda K. Chester		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 11 Norman Dr		<b>Transaction ID:</b> 2304551
City State Zip Code Bloomfield CT 06002	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line 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 995 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret S. Child		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2853 Ontario Road NW Apt. 101		<b>Transaction ID:</b> 2306590
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Jean Childers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1905 Pine Run Drive		<b>Transaction ID:</b> 2299567
City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Holly H Childs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 924 Reed Valley Rd		<b>Transaction ID:</b> 2308002
City State Zip Code Fayetteville AR 72704	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 996 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lois Chiles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2248 Shakespeare Street		<b>Transaction ID:</b> 2306798
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Actress	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>B.</b> Ms. Marilee Chinnici-Zuercher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6043 Glenbarr Place		<b>Transaction ID:</b> 2304210
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FIRSTLINK Occupation President/CEO	Aggregate Year-to-Date ▼ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David L. Chittenden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1 Daniel Burnham Ct Ste 365-C		<b>Transaction ID:</b> 2304785
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Physican	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line 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 997 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Charles H Christensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 69 High Road		<b>Transaction ID:</b> 2304036	
City State Zip Code Newbury MA 01951		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Christine B. Christensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1231 Butlers Park Road		<b>Transaction ID:</b> 2302869	
City State Zip Code Washington NJ 07882		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Teacher/consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Christos Christodoulou		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 9834 NW 49th Place		<b>Transaction ID:</b> 2305931	
City State Zip Code Coral Springs FL 33076		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line 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 998 / 2072						
	(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. Jean M Churchill Phd, Ph.D.

Mailing Address 1 Crosmour Rd

City State Zip Code  
Rhinebeck NY 12572

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

Name of Employer Occupation  
Bard College Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2306196**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lydia Cipriani

Mailing Address 17 Old Orchard Road

City State Zip Code  
Cherry Hill NJ 08003

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  
10 / 17 / 2007

**Transaction ID: 2304717**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carmela Cipriano

Mailing Address 260 65th Street, Apt. 11P

City State Zip Code  
Brooklyn NY 11220

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2007

**Transaction ID: 2307338**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 999 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jerry N Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1939 Calvert Street NW		<b>Transaction ID:</b> 2304729	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clark Associates	Occupation Consultant		
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) <b>B.</b> Ms. Susannah Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 155 Myrtle Street		<b>Transaction ID:</b> 2304193	
City State Zip Code Melrose MA 02176	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hideaways International	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) <b>C.</b> Mrs. Susan H. Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 105 Woody Creek Road		<b>Transaction ID:</b> 2305021	
City State Zip Code Greer SC 29650	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Furman University	Occupation Counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn Levy Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 12 Royal Way		<b>Transaction ID:</b> 2302466	
City State Zip Code Dallas TX 75229		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Volunteer home mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Vidal S. Clay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 8 Sturges Commons		<b>Transaction ID:</b> 2301493	
City State Zip Code Westport CT 06880		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Dr. Berneice L. Clayton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 79 Lakeshore Circle		<b>Transaction ID:</b> 2304674	
City State Zip Code Sacramento CA 95831		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	640.00
<b>TOTAL</b> This Period (last page this line 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 1001 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Betty Clemens</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 13208 Jonesboro Place		<b>Transaction ID: 2302707</b>
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B. Ms. Mary Clemesha</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 301 Meadow Drive S		<b>Transaction ID: 2307731</b>
City State Zip Code North Tonawanda NY 14120	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C. Dr. James A. A. Clever</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 41 Glen Drive		<b>Transaction ID: 2306804</b>
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Retired Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1002 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary M. Clifford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 30907 Rue De La Pierre		<b>Transaction ID:</b> 2303004
City State Zip Code Rancho Palos Verde CA 90275	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Ms. Annabelle L. Cloner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1909 Skycrest Drive # 11		<b>Transaction ID:</b> 2302351
City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Penelope D Clute		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5 Cumberland Ave.		<b>Transaction ID:</b> 2303994
City State Zip Code Plattsburgh NY 12901	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation New York State Judge		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line 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 1003 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Marilyn Cobb</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 4101 Lakeridge Drive		<b>Transaction ID: 2299592</b>	
City Holland	State MI	Zip Code 49424	Amount of Each Receipt this Period 50.00
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) <b>B. Mr. John A. Cochran</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 20 Brookwood Drive		<b>Transaction ID: 2300679</b>	
City Newtown	State CT	Zip Code 06470	Amount of Each Receipt this Period 50.00
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Everett Coe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 145 Shadow Creek Road		<b>Transaction ID: 2306619</b>	
City Berry Creek	State CA	Zip Code 95916	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 ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1004 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Howard Coe</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1655 E. Sahara Avenue Apt. 2006		<b>Transaction ID: 2308579</b>	
City State Zip Code Las Vegas NV 89104	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B. Ms. Mary Coffey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 2497 Lewis Drive		<b>Transaction ID: 2301456</b>	
City State Zip Code Carson City NV 89701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Pamela Coffin</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2904 Accomac Street		<b>Transaction ID: 2307124</b>	
City State Zip Code Saint Louis MO 63104	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00	

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

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

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

FOR LINE NUMBER: PAGE 1005 / 2072  
(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. Doloris C. Cogan

Mailing Address 1616 N. Bay Drive

City State Zip Code  
Elkhart IN 46514

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304886**

Amount of Each Receipt this Period  
33.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Randy Cohen

Mailing Address 301 Forsythia Court

City State Zip Code  
Franklin Lakes NJ 07417

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304874**

Amount of Each Receipt this Period  
21.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra G. Cohen

Mailing Address 10 River Terrace

City State Zip Code  
Tarrytown NY 10591

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301044**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.00**

**TOTAL** This Period (last page this line 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 1006 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Denice M. Colazzo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7 Lockwood Road		<b>Transaction ID:</b> 2305690
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sue L. Colburn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 236 N Water Street 4th Floor		<b>Transaction ID:</b> 2306088
City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy S. Cole		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 10475 Cross St		<b>Transaction ID:</b> 2303507
City State Zip Code Hammondsport NY 14840	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line 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 1007 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Priscilla A. Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1422 De Haro Street # 1		<b>Transaction ID:</b> 2307869	
City State Zip Code San Francisco CA 94107	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Charlotte N. Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 3721 21st Street		<b>Transaction ID:</b> 2308699	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joan F. Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5530 Fernhoff Road		<b>Transaction ID:</b> 2308556	
City State Zip Code Oakland CA 94619	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sharon Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2919 N 33rd Street		<b>Transaction ID:</b> 2306074
City State Zip Code Tacoma WA 98407	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary P. Collegeman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1004 166th Avenue SE		<b>Transaction ID:</b> 2307173
City State Zip Code Bellevue WA 98008	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self-Employed Home	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>C.</b> Judge Marie B Collins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 30 Sierra Ave		<b>Transaction ID:</b> 2306506
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1009 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert N. Colombo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 4826 Chevy Chase Blvd.		<b>Transaction ID:</b> 2303175
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Judy Colton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3 Long Marsh Lane		<b>Transaction ID:</b> 2302944
City State Zip Code North Oaks MN 55127	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judy Colton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 3 Long Marsh Lane		<b>Transaction ID:</b> 2306878
City State Zip Code North Oaks MN 55127	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1010 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Morgan J Condo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 375 Coldwell Ct		<b>Transaction ID:</b> 2299637	
City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 550.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Nancy P. Conger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 110 Lake End Rd		<b>Transaction ID:</b> 2302784	
City State Zip Code Newfoundland NJ 07435	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self Investment advisor Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael Connolly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 27 N Moore Street, # 7F		<b>Transaction ID:</b> 2303152	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Morrison Cohen LLP Lawyer Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1011 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Shelley R. Conrath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 6451 Old Rt. 33		<b>Transaction ID:</b> 2299625	
City State Zip Code Athens OH 45701		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Nancy W. Cook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 516 248 West Grand Avenue		<b>Transaction ID:</b> 2304092	
City State Zip Code Lake Villa IL 60046		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer College of Lake County- retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Professor Emeritus Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Cook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 17 Jonathans Court		<b>Transaction ID:</b> 2302915	
City State Zip Code Cockeysville MD 21030		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1012 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carol M. Cook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 8001 Sand Point Way, NE Apt. C63		<b>Transaction ID:</b> 2307388
City State Zip Code Seattle WA 98115	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. Anthony S. Cookson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1908 Thayer Avenue		<b>Transaction ID:</b> 2299267
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Anthony S. Cookson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1908 Thayer Avenue		<b>Transaction ID:</b> 2305744
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer Aggregate Year-to-Date ▼ 2750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1013 / 2072						
	(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) <b>A.</b> Ms. Angela Perry Cooley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1314 W. Market Street		<b>Transaction ID:</b> 2301400	
City State Zip Code Crawfordsville IN 47933	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kay Cooper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 6501 Meadow View Road		<b>Transaction ID:</b> 2301472	
City State Zip Code Hillsborough NC 27278	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kay Cooper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 6501 Meadow View Road		<b>Transaction ID:</b> 2306755	
City State Zip Code Hillsborough NC 27278	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Fern Bruner Cooper		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 10906 Pinehurst Drive, # A		<b>Transaction ID:</b> 2301842
City Austin	State TX	Zip Code 78747
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Debra B Copeland		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2613 Old Hickory Rd		<b>Transaction ID:</b> 2306388
City Louisville	State KY	Zip Code 40299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Van Zandt, Emrich & Cary Inc	Occupation Insurance Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marion L. Copenhaver		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 80 Lyme Road, Apt. 158		<b>Transaction ID:</b> 2304108
City Hanover	State NH	Zip Code 03755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1015 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Arlene G Corcoran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5410 N. Cresta Loma Dr.		<b>Transaction ID:</b> 2305258
City State Zip Code Tucson AZ 85704	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Pilates Instructor	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joy Cordery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 14 Atterbury Road		<b>Transaction ID:</b> 2304999
City State Zip Code Southampton NY 11968	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ellen Corenswet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 161 W. 86th Street Apt 11A		<b>Transaction ID:</b> 2300795
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1016 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Laura Corogenes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 648 Romany		<b>Transaction ID: 2306396</b>	
City State Zip Code Kansas City MO 64113		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Specialty Global Insurance Services		Occupation Chief Underwriting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Doris B Coster</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 135 Valentine Road		<b>Transaction ID: 2303943</b>	
City State Zip Code Pomfret Center CT 06259		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Eileen E. Costigan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 11645 Nellie Oaks Bend		<b>Transaction ID: 2306012</b>	
City State Zip Code Clermont FL 34711		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self		Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line 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 1017 / 2072  
(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. John L. Couper

Mailing Address 209 N. Byers Avenue

City State Zip Code  
Joplin MO 64801

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

Name of Employer Occupation  
Idaho State University Professor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 7

**Transaction ID:** 2300505

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1800 6th Street

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305711

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James D. Cox, M.D.

Mailing Address 1701 Hermann Drive, #3502

City State Zip Code  
Houston TX 77004

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

Name of Employer Occupation  
Univ Texas Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2301859

Amount of Each Receipt this Period  
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: (check only one)	PAGE 1018 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Vivian S. Crabtree		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 2661 Tallant Rd Apt MN724		<b>Transaction ID:</b> 2306686	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sharon A. Craddock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10000 Biscayne Lane		<b>Transaction ID:</b> 2304198	
City State Zip Code Damascus MD 20872	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Office Manager Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anna L Crane		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 32 Wellfleet Bay		<b>Transaction ID:</b> 2308027	
City State Zip Code Alameda CA 94502	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation management analyst Aggregate Year-to-Date ▼ 550.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1019 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Margaret M. Craven		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 225 Bishop St.		<b>Transaction ID:</b> 2304994
City State Zip Code New Haven CT 06511	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation physician	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>B.</b> Dr. Anna Lee Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 195 14th Street, NE PH 605		<b>Transaction ID:</b> 2301321
City State Zip Code Atlanta GA 30309	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Suzanne Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 66 Robins		<b>Transaction ID:</b> 2305103
City State Zip Code Robbinston ME 04671	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line 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 1020 / 2072  
(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. Suzanne Crawford

Mailing Address 66 Robins

City State Zip Code  
Robbinston ME 04671

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

Name of Employer Occupation  
Occupation REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2307225

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. S. W. Creekmore, Jr.

Mailing Address 5000 East Valley Road

City State Zip Code  
Fort Smith AR 72903

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

Name of Employer Occupation  
Medical Holdings Interior Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306900

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theo R. B. Crevenna

Mailing Address 1 Chamisa Place

City State Zip Code  
Corrales NM 87048

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

Name of Employer Occupation  
University of New Mexico Deputy Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303361

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 575.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1021 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Geraldine Cristol		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 3840 Centenary Avenue		<b>Transaction ID:</b> 2303143	
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 Temple Emanuel Occupation Archivist	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Sidney W Croff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 31 Davis Brook Dr		<b>Transaction ID:</b> 2308324	
City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Afton E. Crooks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 6232 Manoa Street		<b>Transaction ID:</b> 2303724	
City State Zip Code Oakland CA 94618	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 ▼ 2600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line 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 1022 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Madeline A. Crosby</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 17 Ridge Rd Apt 3		<b>Transaction ID: 2305160</b>	
City Lincoln	State MA	Zip Code 01773	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harvard University	Occupation Scientific Database 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) <b>B. Mrs. Karen Crotty</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 709 Mountain Road		<b>Transaction ID: 2308522</b>	
City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C. Ms. Areta Crowell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 2934 Beachwood Drive		<b>Transaction ID: 2300140</b>	
City Los Angeles	State CA	Zip Code 90068	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1023 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Julian Crowell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 48 Biltmore Street		<b>Transaction ID:</b> 2305578	
City Springfield	State MA	Zip Code 01108	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Elizabeth Crump		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 32 Wagon Wheel Drive		<b>Transaction ID:</b> 2301039	
City East Amherst	State NY	Zip Code 14051	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Pamela L. Crutchfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 161 East Chicago Avenue Apt. 60N1		<b>Transaction ID:</b> 2307368	
City Chicago	State IL	Zip Code 60611	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1024 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Lew Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 3886 La Jolla Village Drive		<b>Transaction ID: 2301427</b>
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Ms. Jackie B. Curley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 8 Old Penzance Road		<b>Transaction ID: 2302609</b>
City State Zip Code Rockport MA 01966	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Accountant	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>C. Mrs. Harry Curlin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1714 Shoreham Drive		<b>Transaction ID: 2299323</b>
City State Zip Code Montgomery AL 36106	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1025 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Adell Curran</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 860 N Lake Shore Drive Apt. 15L		<b>Transaction ID: 2299916</b>	
City Chicago      State IL      Zip Code 60611	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B. Mr. Colleen Currie</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 203 State Street		<b>Transaction ID: 2303718</b>	
City Northampton      State MA      Zip Code 01060	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Currie</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4800 Fillmore Avenue Apt. 544		<b>Transaction ID: 2303558</b>	
City Alexandria      State VA      Zip Code 22311	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer      Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1135.00
<b>TOTAL</b> This Period (last page this line 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 1026 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas R. Curtis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1903 Rolling Hills Avenue SE		<b>Transaction ID:</b> 2304703
City State Zip Code Renton WA 98055	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of Washington	Occupation Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen Cutright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 400 Winfield Cove Road		<b>Transaction ID:</b> 2308045
City State Zip Code Saluda NC 28773	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Gwen Daigle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1066 Birgman Hwy		<b>Transaction ID:</b> 2307176
City State Zip Code Eunice LA 70535	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1027 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Beverly A. Dale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 245 Del Monte Avenue		<b>Transaction ID:</b> 2301879	
City State Zip Code Los Altos CA 94022	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Jo Anna Dale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1315 W Johns Blvd		<b>Transaction ID:</b> 2300380	
City State Zip Code Raymore MO 64083	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Jo Anna Dale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1315 W Johns Blvd		<b>Transaction ID:</b> 2300481	
City State Zip Code Raymore MO 64083	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1028 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Jo Anna Dale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1315 W Johns Blvd		<b>Transaction ID:</b> 2307311
City State Zip Code Raymore MO 64083	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Rose C. Dalsandro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 4424 N. Greenview Avenue		<b>Transaction ID:</b> 2308512
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy R. Daly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 18 Bluestem Drive		<b>Transaction ID:</b> 2302769
City State Zip Code Scottsbluff NE 69361	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1029 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Julia D'Amico		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 230 W 55th Street # 240		<b>Transaction ID:</b> 2303803
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. John L. Danehy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2294 Massachusetts Avenue		<b>Transaction ID:</b> 2306749
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation R.E. & Insurance	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John L. Danehy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2294 Massachusetts Avenue		<b>Transaction ID:</b> 2307728
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation R.E. & Insurance	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1030 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Jean Marie Daniels</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 2625 East Southern Avenue C-202		<b>Transaction ID: 2306629</b>	
City State Zip Code Tempe AZ 85282		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Ms. Ruth R. Daniels</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO BOX 190		<b>Transaction ID: 2304451</b>	
City State Zip Code Jefferson OR 97352		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Joann Dare</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 43 Upper Roberts Branch Road		<b>Transaction ID: 2306280</b>	
City State Zip Code Weaverville NC 28787		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1031 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Beth E. Daudt</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2108 N. 38th Street		<b>Transaction ID: 2305599</b>	
City State Zip Code Seattle WA 98103	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tousley Brain Stephens	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>B. Mr. George R. Davey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 811 Mallet Hill Road Apt. 1313		<b>Transaction ID: 2301225</b>	
City State Zip Code Columbia SC 29223	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Mrs. Sheila K Davidson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2150 Mission Ridge Rd.		<b>Transaction ID: 2305402</b>	
City State Zip Code Santa Barbara CA 93103	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1032 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn S. Davidson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1919 Barbara Drive		<b>Transaction ID:</b> 2303540	
City State Zip Code Palo Alto CA 94303	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 Housewife/Volunteer Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kristin A. Davidson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2525 Pine Street		<b>Transaction ID:</b> 2301836	
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation University administration Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia L. Davidson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 117 Elm Spring Street		<b>Transaction ID:</b> 2308176	
City State Zip Code San Antonio TX 78231	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 REQUESTED Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1033 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Catherine C. Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 3605 Lowry Road		<b>Transaction ID: 2303286</b>
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation real estate broker	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>B. Ms. Elissa R. Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address PO Box 1909		<b>Transaction ID: 2299914</b>
City State Zip Code Rancho Santa Fe CA 92067	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard S. Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8109 Castle Cove Road		<b>Transaction ID: 2302820</b>
City State Zip Code Indianapolis IN 46256	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1034 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eunice Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 436 Transit Avenue		<b>Transaction ID:</b> 2307798	
City State Zip Code Roseville MN 55113	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Consultant	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>B.</b> Ms. Janice Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 96 Merriman Road Apt. 4		<b>Transaction ID:</b> 2305618	
City State Zip Code Akron OH 44303	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Anita Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 4846 Knickerbocker St		<b>Transaction ID:</b> 2302540	
City State Zip Code Houston TX 77035	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1035 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Frederick Davis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1521 Golf View Road Unit B		<b>Transaction ID: 2306739</b>	
City State Zip Code Madison WI 53704	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 ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Stasia W. Davison</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 5 Tamarac Lane		<b>Transaction ID: 2302558</b>	
City State Zip Code Englewood CO 80113	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>C. Ms. Jacomina P. De Regt</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 519 N. Norwood Street		<b>Transaction ID: 2304135</b>	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sr. Client Con. Officer	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1036 / 2072
	(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. Minnie Dean		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 112 2nd Street		Transaction ID: 2304603	
City State Zip Code Radford VA 24141	Amount of Each Receipt this Period 85.00		
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 ▼ 850.00		

B. Full Name (Last, First, Middle Initial) Ms. Alice M. Dear		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 400 W. 149th Street, Apt. 2		Transaction ID: 2304339	
City State Zip Code New York NY 10031	Amount of Each Receipt this Period 85.00		
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 Business Consultant Aggregate Year-to-Date ▼ 850.00		

C. Full Name (Last, First, Middle Initial) Ms. Helen Debardeleben		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6209 Mineral Point Road Apt. 620		Transaction ID: 2306162	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 25.00		
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) ..... ▶	195.00
TOTAL This Period (last page this line 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 1037 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Genie Dee</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 23245 Hutchinson Road		<b>Transaction ID: 2306337</b>	
City State Zip Code Los Gatos CA 95033	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saratoga Area Senior	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lois Defleur</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 212 Meeker Road		<b>Transaction ID: 2307256</b>	
City State Zip Code Vestal NY 13850	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Mrs. Carolyn S. Dejanikus</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address PO Box 11329		<b>Transaction ID: 2307321</b>	
City State Zip Code Jackson WY 83002	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1038 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Elizabeth T Deland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 69		<b>Transaction ID:</b> 2306009	
City Klamath River	State CA	Zip Code 96050	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Deland Law Office	Occupation Paralegal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Charlene G. Delaney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1483 Sutter St Apt 404		<b>Transaction ID:</b> 2304518	
City San Francisco	State CA	Zip Code 94109	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Union	Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Peter J. Delmonte		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 994 Woodgrove Dr		<b>Transaction ID:</b> 2304744	
City Cardiff	State CA	Zip Code 92007	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of California, San Diego	Occupation Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line 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 1039 / 2072  
(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 W. DeLong

Mailing Address 213 W. Columbia Street

City Falls Church State VA Zip Code 22046

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

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID: 2307874**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Delor

Mailing Address 403 N. Saginaw

City Pontiac State MI Zip Code 48342

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

Name of Employer Occupation  
City of Detroit Fire Fighter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307323**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Delor

Mailing Address 403 N. Saginaw

City Pontiac State MI Zip Code 48342

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

Name of Employer Occupation  
City of Detroit Fire Fighter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID: 2308180**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1040 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marie DeMenil		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 18 E. 81st Street, Apt. 1B		<b>Transaction ID:</b> 2304312
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Designer	Aggregate Year-to-Date ▼ 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janice G. Dennis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7 Willowbrook Lane		<b>Transaction ID:</b> 2304883
City State Zip Code Egg Harbor Township NJ 08234	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 860.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Eleanor Deridder		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 66 North Ridge Road		<b>Transaction ID:</b> 2304362
City State Zip Code Old Greenwich CT 06870	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 245.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	128.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eleanor Deridder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 7	
Mailing Address 66 North Ridge Road		<b>Transaction ID:</b> 2303274	
City State Zip Code Old Greenwich CT 06870		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eleanor Deridder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 66 North Ridge Road		<b>Transaction ID:</b> 2308692	
City State Zip Code Old Greenwich CT 06870		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Diane G. DeRocher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 112 S Locust Street		<b>Transaction ID:</b> 2308038	
City State Zip Code Pontiac IL 61764		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Verda M. Deutscher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 4740 Connecticut Avenue, NW #1007		<b>Transaction ID:</b> 2299268
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Verda M. Deutscher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 4740 Connecticut Avenue, NW #1007		<b>Transaction ID:</b> 2307871
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cynthia Devine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 169 Lexington Court		<b>Transaction ID:</b> 2306853
City State Zip Code Sheboygan Falls WI 53085	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1043 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul A. Dewald</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 8600 Delmar Blvd Apt 3H		<b>Transaction ID: 2300711</b>	
City State Zip Code Saint Louis MO 63124	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 ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Myra J Diamond</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 111 Avenue F # 8		<b>Transaction ID: 2304350</b>	
City State Zip Code Redondo Beach CA 90277	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	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>C. Dr. Lynne m Diamond</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1200 n college ave		<b>Transaction ID: 2301955</b>	
City State Zip Code Claremont CA 91711	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Premier Medical Group Physician	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Virginia M Diamond		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4779 Gainsborough Dr		<b>Transaction ID:</b> 2305936	
City State Zip Code Fairfax VA 22032		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Diamond Insight (self employed)		Occupation Consultant/Coach	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances Dibner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 8 Powder Horn Hill Rd		<b>Transaction ID:</b> 2307457	
City State Zip Code Wilton CT 06897		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Tamra F. Dickerson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 789 Amalfi Drive		<b>Transaction ID:</b> 2301505	
City State Zip Code Pacific Palisades CA 90272		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5085.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy Dickinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 808 Pinehurst Drive		<b>Transaction ID:</b> 2298779
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UNC	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Brooke C. Dickinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 8023 S 114th street #14 A		<b>Transaction ID:</b> 2307593
City State Zip Code Seattle WA 98178	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NewsData Corp	Occupation 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>C.</b> Dr. Emma L Diemer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2249 Vista Del Campo		<b>Transaction ID:</b> 2304377
City State Zip Code Santa Barbara CA 93101	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Composer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Eric C. Dietz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 901 Carolina Avenue		<b>Transaction ID:</b> 2304724
City State Zip Code Durham NC 27705	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ohio State University	Occupation Research Scientist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Catherine K. Dillingham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 247 Barlow Rd.		<b>Transaction ID:</b> 2298741
City State Zip Code Fairfield CT 06824	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fairfield University	Occupation Adjunct Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Gloria Dillon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 11000 Glueck Lane		<b>Transaction ID:</b> 2306179
City State Zip Code Kensington MD 20895	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line 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 1047 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Genevieve Dimmitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 25485 US Highway 19 N.		<b>Transaction ID:</b> 2301391	
City State Zip Code Clearwater FL 33763	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Hilda Dionne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 66 Welles Drive N		<b>Transaction ID:</b> 2301355	
City State Zip Code Newington CT 06111	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Lois M. DiSanto		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1207 South Los Robles Ave		<b>Transaction ID:</b> 2302796	
City State Zip Code Pasadena CA 91106	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1048 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Roberta Dixon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 30111 Rainbow Hills		<b>Transaction ID:</b> 2306508	
City State Zip Code Golden CO 80401	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kathleen Dixon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1139 Ralph Terrace		<b>Transaction ID:</b> 2307660	
City State Zip Code Saint Louis MO 63117	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 475.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara J. Dobson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 554 E. Dolphin Drive		<b>Transaction ID:</b> 2301301	
City State Zip Code Freeland WA 98249	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 ▼ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1049 / 2072  
(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. Martha Dodge

Mailing Address PO Box 519

City State Zip Code  
Jonesport ME 04649

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301040

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Dollinger

Mailing Address 40 Pear Court

City State Zip Code  
Hillsborough CA 94010

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303458

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret T. Doms

Mailing Address 500 E Marylyn Ave Apt E67

City State Zip Code  
State College PA 16801

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306588

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line 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 1050 / 2072
	(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. Virginia H. Donaldson, M.D.

Mailing Address 3580 Shaw Ave Apt 118

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer  
Children's Hospital, Cincinnati

Occupation  
Physician - Professor Emeritus

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302349

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1820 Cardinal Lake Drive

City State Zip Code  
Cherry Hill NJ 08003

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

Name of Employer  
Congregation M'kor Shalom

Occupation  
Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301149

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sydney M. Dotson

Mailing Address 30 Bunker Court

City State Zip Code  
Rotonda West FL 33947

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

Name of Employer

Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304304

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 1051 / 2072  
(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. Nancy R. Dott

Mailing Address 231 Du Rose

City State Zip Code  
Madison WI 53705

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2302050

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Chris Douglas

Mailing Address 2630 58th Street SW

City State Zip Code  
Everett WA 98203

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

Name of Employer Occupation  
PCSC Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307334

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Miriam Dow

Mailing Address 27 Cleveland Avenue

City State Zip Code  
Buffalo NY 14222

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  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307422

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1052 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Vesta S. Downer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 509 Hillwood Avenue		<b>Transaction ID:</b> 2303346
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Mary E Doyle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1090 Bear Gulch Road		<b>Transaction ID:</b> 2301833
City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SVP, General Counsel Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lois Margaret Drake		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address PO Box 821		<b>Transaction ID:</b> 2300667
City State Zip Code Volcano HI 96785	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1053 / 2072						
	(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) <b>A.</b> Ms. Diane B. Drayson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 3750 Tremont Lane		<b>Transaction ID:</b> 2301837	
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol W. Drew		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address PO Box 339		<b>Transaction ID:</b> 2306893	
City State Zip Code Wellesley Is NY 13640	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lisbon Pres	Occupation Minister		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Beryl Drexler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 181 Villa Dr		<b>Transaction ID:</b> 2305598	
City State Zip Code Warminster PA 18974	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1054 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Aloo E. Driver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 26 Red Ledge Road		<b>Transaction ID:</b> 2307250
City State Zip Code South Hadley MA 01075	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Lisa Dubin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 983 Park Ave		<b>Transaction ID:</b> 2300486
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self employed Occupation Architect	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Dina Dublon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 33 Springhurst Road		<b>Transaction ID:</b> 2301517
City State Zip Code Bedford Hills NY 10507	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1055 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helen V. Dudley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 652 Chaparral Street		<b>Transaction ID:</b> 2306711
City State Zip Code Wickenburg AZ 85390	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally J Dudley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 901 Elsinore Dr.		<b>Transaction ID:</b> 2303248
City State Zip Code Palo Alto CA 94303	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Wendy L. Duignan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1945 West River Road		<b>Transaction ID:</b> 2308065
City State Zip Code Grand Island NY 14072	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Niagara Univeristy College Professor	Aggregate Year-to-Date ▼ 211.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	411.00
<b>TOTAL</b> This Period (last page this line 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 1056 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Suzanne Dunbar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 3500 Davis Lane		<b>Transaction ID:</b> 2307780
City State Zip Code Cincinnati OH 45237	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Barbara Davis Dunham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 7505 Chestnut Hill Dr		<b>Transaction ID:</b> 2306883
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Volunteer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Victoria K. Dunn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7963 Garden Drive North		<b>Transaction ID:</b> 2302902
City State Zip Code St. Petersburg FL 33710	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self-Employed Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1057 / 2072  
(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. Mary F Dunn

Mailing Address 707 Chandlers Wharf

City State Zip Code  
Portland ME 04101

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

Name of Employer self Occupation ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 11 / 2007

**Transaction ID:** 2301061

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Loretta M Durbin

Mailing Address 1525 Bates Avenue

City State Zip Code  
Springfield IL 62704

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

Name of Employer Government Affairs Specialists, Inc. Occupation state government lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2007

**Transaction ID:** 2305355

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John L. Durr

Mailing Address 780 Primrose Drive

City State Zip Code  
Greenville OH 45331

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  
10 / 17 / 2007

**Transaction ID:** 2302805

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

**TOTAL** This Period (last page this line 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 1058 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Marjorie Dutchik</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 911 Cheyenne Road NW		<b>Transaction ID: 2306054</b>	
City State Zip Code Cedar Rapids IA 52405	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Mrs. Bettina Baig Duval</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 220 23rd Street		<b>Transaction ID: 2307094</b>	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Founder Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan B. Dworski</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 821 Nowita Place		<b>Transaction ID: 2304499</b>	
City State Zip Code Venice CA 90291	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer/Designer Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1059 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellen C. Eagan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 344 Santa Paula Avenue		<b>Transaction ID:</b> 2304331
City State Zip Code Millbrae CA 94030	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UCSF	Occupation Blood Bank Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara S Earnest		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6 Forest Dale Drive		<b>Transaction ID:</b> 2304025
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janine Easter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 2204 Brockman Boulevard		<b>Transaction ID:</b> 2307519
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line 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 1060 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Hope Eastman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4800 Hampden Lane 7th Floor		<b>Transaction ID: 2302839</b>
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Paley, Rothman & Cooper	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>B. Ms. Vicky L. Eaves</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1465 Harper Road		<b>Transaction ID: 2304411</b>
City State Zip Code Mason MI 48854	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Partners Book Dist. Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Jean A. Ebbert</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9046 Belvoir Woods		<b>Transaction ID: 2304224</b>
City State Zip Code Fort Belvoir VA 22060	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation writer/editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	535.00
<b>TOTAL</b> This Period (last page this line 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 1061 / 2072  
(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. Ellen L. Eckels

Mailing Address 1056 Tithing View Ct

City State Zip Code  
Riverton UT 84065

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302325

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kristin A. Ecklund

Mailing Address 81 Sapphire Pl

City State Zip Code  
Sequim WA 98382

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

Name of Employer Occupation  
CA State Univeristy Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303662

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jane W. Eddison

Mailing Address 91 1st Place

City State Zip Code  
Brooklyn NY 11231

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302791

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1062 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Nancy Edebo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 516 Braemar Ranch Lane		<b>Transaction ID:</b> 2307371
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan D. Edelheit		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 9626 SE 34th Street		<b>Transaction ID:</b> 2307575
City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Marian Lee Edelstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 180 E. Pearson Street # 3801		<b>Transaction ID:</b> 2300719
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line 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 1063 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ilana Eden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 7
Mailing Address 3705 Torino Drive		<b>Transaction ID:</b> 2303303
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Investor/Musician	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Catherine Ednie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 64 Knickerbocker Avenue		<b>Transaction ID:</b> 2304487
City State Zip Code Stamford CT 06907	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer General Reinsurance Occupation Project Mgr.	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Geraldine E. Edwards		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2214 NW 20th Court		<b>Transaction ID:</b> 2300469
City State Zip Code Gainesville FL 32605	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	171.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Doris Edwards		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 19 Pocono Road, Apt. 431A		<b>Transaction ID:</b> 2301445	
City State Zip Code Denville NJ 07834	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 ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kathleen Edwards		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 1907 Taylor Avenue N Apt. 6		<b>Transaction ID:</b> 2301297	
City State Zip Code Seattle WA 98109	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Consultant	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Pauline M. Edwards-Delaney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 4718 Hallmark Drive, # 351		<b>Transaction ID:</b> 2301756	
City State Zip Code Houston TX 77056	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 ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1065 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Penelope Egan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2683 N Summit Ave		<b>Transaction ID:</b> 2304893
City State Zip Code Milwaukee WI 53211	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Lynn Eger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 5003 Deerwood Park Drive		<b>Transaction ID:</b> 2299275
City State Zip Code Arlington TX 76017	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Cook Children'sPhysician N 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) <b>C.</b> Dr. Ruth A. Einhorn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 44 Yorktown Road		<b>Transaction ID:</b> 2302913
City State Zip Code E. Brunswick NJ 08816	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1066 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Tucky Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1024 Essex Circle		<b>Transaction ID:</b> 2302811
City Kalamazoo	State MI	Zip Code 49008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Emmons S. Ellis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 14 Hillside Avenue		<b>Transaction ID:</b> 2303367
City Winchester	State MA	Zip Code 01890
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Judy Ellis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6400 Woodshed Circle		<b>Transaction ID:</b> 2306229
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Marsh US Inc	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. George F. Ellison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 1144		<b>Transaction ID:</b> 2298745	
City Truro	State MA	Amount of Each Receipt this Period 25.00	
Zip Code 02666		Transaction ID: 2298745	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Elizabeth F. Elsner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address PO Box 223		<b>Transaction ID:</b> 2303673	
City Assonet	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 02702		Transaction ID: 2303673	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Hinda Elwyn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 50814		<b>Transaction ID:</b> 2300740	
City Sarasota	State FL	Amount of Each Receipt this Period 50.00	
Zip Code 34232		Transaction ID: 2300740	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1068 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Harry E. Emlet, Jr. Mailing Address 3302 Clearwood Court City Falls Church State VA Zip Code 22042 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299601 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	300.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	3		2	0	0	7															
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 ▼ <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>		300.00																						
300.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judith R. Emmons Mailing Address 16 Bedford Ct City Bedford State MA Zip Code 01730 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307131 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">111.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7	111.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		2	4		2	0	0	7															
111.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">211.00</td> </tr> </table>		211.00																						
211.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elfriede Engel Mailing Address PO Box 526 City Northport State MI Zip Code 49670 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2302500 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7	100.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		1	1		2	0	0	7															
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 colspan="2">250.00</td> </tr> </table>		250.00																						
250.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>511.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2072
	<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) <b>A.</b> Ms. Kathie E. England		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 500 NW Pacific Grove Drive		<b>Transaction ID:</b> 2299654
City State Zip Code Beaverton OR 97006	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Time for Success, Inc.	Occupation Professional Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dianne Engleke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 283 Silver Mt. Road		<b>Transaction ID:</b> 2305308
City State Zip Code Millerton NY 12546	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed	Occupation artist/ naturalist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Fanita English		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address One, Baldwin Avenue Apt. 516		<b>Transaction ID:</b> 2304356
City State Zip Code San Mateo CA 94401	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Cynthia H. Enloe Mailing Address 113 Richdale Avenue #37 City State Zip Code Cambridge MA 02140 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <b>Transaction ID: 2299574</b> Amount of Each Receipt this Period 100.00
Name of Employer Occupation Clark Univ Univ. Teacher Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 650.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer Epelbaum Mailing Address 187 Saint Johns Place City State Zip Code Brooklyn NY 11217 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2305400</b> Amount of Each Receipt this Period 21.00
Name of Employer Occupation Homemaker Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sumru Erkut Mailing Address 367 Lowell Ave City State Zip Code Newtonville MA 02460 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID: 2308009</b> Amount of Each Receipt this Period 100.00
Name of Employer Occupation Wellesley College Psychologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	221.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sue Errington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 3200 West Brook Drive		Transaction ID: 2302042
City State Zip Code Muncie IN 47304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Planned Parenthood	Occupation Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sue Errington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3200 West Brook Drive		Transaction ID: 2304127
City State Zip Code Muncie IN 47304	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Planned Parenthood	Occupation Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cynthia Ersher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1312 Paseo Alamos		Transaction ID: 2306633
City State Zip Code San Dimas CA 91773	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> 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 1072 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Stephanie L. Ertel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 624 Wheless Ave		<b>Transaction ID:</b> 2301838
City State Zip Code Kerrville TX 78028	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Richard R. Ertel, P.C.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Doris J. W. Escher, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 55 Grasslands Rd Apt B119		<b>Transaction ID:</b> 2307687
City State Zip Code Valhalla NY 10595	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Montefiore Medical Center	Occupation 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) <b>C.</b> Mrs. Mary I Estrin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1717 Westridge Road		<b>Transaction ID:</b> 2299509
City State Zip Code Los Angeles CA 90049	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 ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1073 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Thelma Estrin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 515 Ocean Avenue Apt. S.401		<b>Transaction ID:</b> 2308675
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UCLA	Occupation Professor Emeritus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Deborah Anne Etzel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 170 Lovers Lane		<b>Transaction ID:</b> 2307739
City State Zip Code Fairfield CT 06824	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Samuel Eubanks, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 8310 Croydon Circle		<b>Transaction ID:</b> 2308548
City State Zip Code Louisville KY 40222	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1074 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Madlyn H. Evans		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 304 Suburban Court, Apt. 6		<b>Transaction ID:</b> 2306805
City State Zip Code Rochester NY 14620	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mrs. Margaret B Ewalt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1312Cottonwood Trl		<b>Transaction ID:</b> 2306400
City State Zip Code Sarasota FL 34232	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 455.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Ruth D. Ewing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 13C Rivermead		<b>Transaction ID:</b> 2302875
City State Zip Code Petersborough NH 03458	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1075 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Lucinda B Ewing</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 183 Camino Del Rincon		<b>Transaction ID: 2307112</b>	
City State Zip Code Santa Fe NM 87506		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Joanne Fabian</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 275 Los Ranchitos Rd. #343		<b>Transaction ID: 2307314</b>	
City State Zip Code San Rafael CA 94903		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Patricia Fair</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 12605 Hilloway Rd W		<b>Transaction ID: 2299327</b>	
City State Zip Code Hopkins MN 55305		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anoka County Occupation Assistant County Atty			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line 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 1076 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Diane G Faissler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 59 Turkey Shore Rd		<b>Transaction ID:</b> 2301071	
City Ipswich	State MA	Zip Code 01938	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer 59 Turkey Shore Rd	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Lynn Falcon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7905 Takoma Avenue		<b>Transaction ID:</b> 2305989	
City Takoma Park	State MD	Zip Code 20912	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Producer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cecilia R. Falk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 123		<b>Transaction ID:</b> 2304425	
City Rising Sun	State IN	Zip Code 47040	Amount of Each Receipt this Period 25.00
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 ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line 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 1077 / 2072  
(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 C. Falkowski

Mailing Address 3550 85th St Apt 8D

City State Zip Code  
Jackson Hts NY 11372

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303631

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Fallon

Mailing Address 50 Woodbury Street

City State Zip Code  
South Hamilton MA 01982

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

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305221

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary K. Fancher

Mailing Address 1401 W Liberty Street

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 ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304269

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **155.00**

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

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Emmanuel Farber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 1001WildewoodDownsCircle Unit B303		<b>Transaction ID:</b> 2303294
City State Zip Code Columbia SC 29223	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Physician 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>B.</b> Ms. Ann S. Farina		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 419 W. Van Buren Street		<b>Transaction ID:</b> 2303513
City State Zip Code Colorado Springs CO 80907	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Phyllis R. Farley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 580 Park Avenue #6-A		<b>Transaction ID:</b> 2300709
City State Zip Code New York NY 10065	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1079 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Phyllis R. Farley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 580 Park Avenue #6-A		<b>Transaction ID:</b> 2301438
City State Zip Code New York NY 10065	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms Katherine Farris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 811 E Salem Avenue		<b>Transaction ID:</b> 2304955
City State Zip Code Indianola IA 50125	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Marjorie Feder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9 Oxford Road		<b>Transaction ID:</b> 2304720
City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 / 2072  
(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"/>		<input type="checkbox"/>		<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)  
Mrs. H. Jack Feibelman

Mailing Address 11 Baldwin Orchard Drive

City Cranston State RI Zip Code 02920

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301405

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy J. Feldman

Mailing Address 4822 Folwell Drive

City Minneapolis State MN Zip Code 55406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCare Minnesota CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 2308733

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen M. Feldman

Mailing Address 38 Pleasantview Drive

City Hudson State NY Zip Code 12534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney-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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301849

Amount of Each Receipt this Period  
250.00

**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 1081 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Diane Felsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 45 76th Street		<b>Transaction ID:</b> 2306577	
City State Zip Code Brooklyn NY 11209		Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer WMC		Occupation Assoc Prof	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ellen S. Fenner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 11408 Berwick Street		<b>Transaction ID:</b> 2301506	
City State Zip Code Los Angeles CA 90049		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Actress	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ellen S. Fenner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 11408 Berwick Street		<b>Transaction ID:</b> 2302857	
City State Zip Code Los Angeles CA 90049		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Actress	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Katherine M. Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 2117 Silver Avenue		<b>Transaction ID: 2308686</b>	
City State Zip Code Las Vegas NV 89102	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Harry Ferguson-Brey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address PO Box 22572		<b>Transaction ID: 2306928</b>	
City State Zip Code Honolulu HI 96823	Amount of Each Receipt this Period 50.00		
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>C. Dr. Joan M Ferrante</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 440 Riverside Drive # 91		<b>Transaction ID: 2304021</b>	
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2070.00
<b>TOTAL</b> This Period (last page this line 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 1083 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Joan M Ferrante		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 440 Riverside Drive # 91		<b>Transaction ID:</b> 2308781
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marguerite Ferris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 145 Cutler Hts		<b>Transaction ID:</b> 2306958
City State Zip Code Montpelier VT 05602	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marti Fessenden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 202 West Benson Street		<b>Transaction ID:</b> 2304154
City State Zip Code Decatur GA 30030	Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self-Employed Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	328.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jonathan M. Fetter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4523 9th St. NW		<b>Transaction ID:</b> 2306244
City State Zip Code Washington DC 20011	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SAIC	Occupation Environmental 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>B.</b> Ms. Doris Feyling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 882 Elizabeth Street		<b>Transaction ID:</b> 2306055
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gertrude H. Ffolliott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 442 Summit Avenue Apt. 6		<b>Transaction ID:</b> 2302818
City State Zip Code Saint Paul MN 55102	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Regions Hospital	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara Ficyk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 21805 Cumberland Drive		<b>Transaction ID:</b> 2298792	
City Northville	State MI	Zip Code 48167	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Elizabeth L. Field		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 59 Ward Avenue		<b>Transaction ID:</b> 2305150	
City Rumson	State NJ	Zip Code 07760	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Edna Fillinger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 315 Ray Street		<b>Transaction ID:</b> 2304789	
City Newcomerstown	State OH	Zip Code 43832	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Paula Goodman Finedore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 16302 Dahl Rd.		<b>Transaction ID:</b> 2306651
City State Zip Code Laurel MD 20707	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer US Govt	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) <b>B.</b> Ms. Ruthbeth Finerman-Sackett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 788 Charles Place		<b>Transaction ID:</b> 2306689
City State Zip Code Memphis TN 38112	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memphis State Univ.	Occupation Univ. Prof.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia Finkelman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 130 South Mulberry Street		<b>Transaction ID:</b> 2303538
City State Zip Code Granville OH 43023	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1087 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Joanne E. Finley

Mailing Address 4201 Underwood Rd.

City State Zip Code  
Baltimore MD 21218

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 ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2303990**

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katherine Finney

Mailing Address 615 W. Hortter Street

City State Zip Code  
Philadelphia PA 19119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID: 2308550**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Audrey A Fisch

Mailing Address 421 highland ave

City State Zip Code  
Westfield NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer njcu Occupation  
Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID: 2301876**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line 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 1088 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia A Fish</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 16588 Bear Cub Court		<b>Transaction ID: 2303476</b>
City State Zip Code Fort Myers FL 33908	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>B. Mr. James E. Fisher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 45600 King Drive		<b>Transaction ID: 2304085</b>
City State Zip Code Soldotna AK 99669	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. James E. Fisher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 45600 King Drive		<b>Transaction ID: 2301091</b>
City State Zip Code Soldotna AK 99669	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line 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 1089 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Judith P. Fisher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 204 Dromara Road		<b>Transaction ID:</b> 2302855	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Erie County	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judith P. Fisher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 204 Dromara Road		<b>Transaction ID:</b> 2307726	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Erie County	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elaine G. Fishman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 24511 N. Elm Road		<b>Transaction ID:</b> 2303484	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1090 / 2072						
	(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) <b>A.</b> Ms. Elaine G. Fishman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 24511 N. Elm Road		<b>Transaction ID:</b> 2308748	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 450.00		
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>B.</b> Ms. Ruth A. Fisk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 362 High Plain Road		<b>Transaction ID:</b> 2301860	
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1250.00		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Manager		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth A. Fisk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 362 High Plain Road		<b>Transaction ID:</b> 2302861	
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1250.00		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Manager		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1091 / 2072  
(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. Meg Flack

Mailing Address 2721 Sherwood Road

City State Zip Code  
Columbus OH 43209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308174

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beverly Milgram Flowers

Mailing Address 194 Irving Place

City State Zip Code  
Rutherford NJ 07070

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303973

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
H. A. Forbes

Mailing Address 38 Arlington 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 ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 2303378

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1092 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Pamela C Forcey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1331 Hecla Dr Apt 306		<b>Transaction ID:</b> 2304688
City State Zip Code Louisville CO 80027	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 235.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Laura D Ford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 295 Red Tail Trail		<b>Transaction ID:</b> 2304385
City State Zip Code Evergreen CO 80439	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 3300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marcia Forman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 72 Sherwood Road		<b>Transaction ID:</b> 2306750
City State Zip Code Springfield NJ 07081	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line 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 1093 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Louise Forster</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 700 S 2nd Street, Apt. 71		<b>Transaction ID: 2306971</b>
City State Zip Code Minneapolis MN 55401	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bank of Montana System	Occupation Vice Chair	
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>B. Ms. Laura Foster</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 14 Suzanne Road		<b>Transaction ID: 2302893</b>
City State Zip Code Lexington MA 02420	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer		Occupation REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan M. Foster</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 5600 SW Dogwood Lane		<b>Transaction ID: 2301858</b>
City State Zip Code Portland OR 97225	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5400.00
<b>TOTAL</b> This Period (last page this line 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 1094 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne Connerley Fowler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 422 N. Willow Street		<b>Transaction ID:</b> 2303515
City State Zip Code Harrison AR 72601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Wyman B. Fowler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2107 Mallard Drive		<b>Transaction ID:</b> 2299644
City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Intermediate Unit # 13 Adult Education Instructor		
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>C.</b> Mr. Terryl W. Francis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 23 Foreman Drive		<b>Transaction ID:</b> 2304904
City State Zip Code Glen Carbon IL 62034	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3085.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1095 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Deborah Franczek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5555 Everett # 7D		<b>Transaction ID:</b> 2308430	
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Frank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 601 Oneida St		<b>Transaction ID:</b> 2302925	
City State Zip Code Denver CO 80220	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher American School in Londo Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy Frankel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 7 McAllister Rd.		<b>Transaction ID:</b> 2299647	
City State Zip Code Bedford NH 03110	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1096 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Aaron Frankel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 425 Riverside Drive, Apt. 11J		<b>Transaction ID: 2303372</b>
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		
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>B. Mr. Milton Freedman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2 Little Johns Retr		<b>Transaction ID: 2304809</b>
City State Zip Code Bluffton SC 29910	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Joyce J. Freitag</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 2391 SW 13th way		<b>Transaction ID: 2301469</b>
City State Zip Code Boynton Beach FL 33426	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 ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 / 2072  
(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. Ruth K. Freymann

Mailing Address 355 Blackstone Blvd

City State Zip Code  
Providence RI 02906

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  
10 / 17 / 2007

**Transaction ID: 2304832**

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Charlton Friedberg

Mailing Address 6 Roland Mews

City State Zip Code  
Baltimore MD 21210

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  
M M / D D / Y Y Y Y  
10 / 30 / 2007

**Transaction ID: 2308445**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bern Friedelson

Mailing Address 103 Brets Rd

City State Zip Code  
Brattleboro VT 05301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2007

**Transaction ID: 2306965**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3015.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pamela R.L. Friedman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 503 Kalmia		<b>Transaction ID:</b> 2306578	
City State Zip Code Boulder CO 80304		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ilene Friedman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 5023 Ashley Pkwy		<b>Transaction ID:</b> 2303570	
City State Zip Code Sarasota FL 34241		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ilene Friedman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 5023 Ashley Pkwy		<b>Transaction ID:</b> 2307579	
City State Zip Code Sarasota FL 34241		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	760.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1099 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Shirley Fromer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 169 East 69th Street, #17-B		<b>Transaction ID:</b> 2307375
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet I. Frost		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 20154 N Coronado Ridge Drive		<b>Transaction ID:</b> 2304576
City State Zip Code Surprise AZ 85387	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Exec. Asst.	
	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Dorothy Frost		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1 Laurel Road		<b>Transaction ID:</b> 2308544
City State Zip Code Lynnfield MA 01940	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired, Substitute Teacher	
	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1100 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Delyte Frost		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 430 Oak Lane		<b>Transaction ID:</b> 2305257
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cygnus Inc.	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patti P. Frounfelter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 125 N. Pansy St.		<b>Transaction ID:</b> 2300627
City State Zip Code Ishpeming MI 49849	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation owner/CURVES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patti P. Frounfelter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 125 N. Pansy St.		<b>Transaction ID:</b> 2304178
City State Zip Code Ishpeming MI 49849	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation owner/CURVES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1101 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patti P. Frounfelter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 125 N. Pansy St.		<b>Transaction ID:</b> 2308710	
City State Zip Code Ishpeming MI 49849		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed		Occupation owner/CURVES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon Fulkerson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2905 Melmar Park Street		<b>Transaction ID:</b> 2308010	
City State Zip Code Commerce TX 75428		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Texas State Univ		Occupation Career Services Dir.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rep. Elaine E. Fuller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 187		<b>Transaction ID:</b> 2304572	
City State Zip Code Manchester ME 04351		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara R Fuller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 17750 Sharon Valley Road		<b>Transaction ID:</b> 2303939
City State Zip Code Manchester MI 48158	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Campaign Management Cons.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary I. Fulton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 173 Main Street		<b>Transaction ID:</b> 2305911
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Phillips Academy Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Ellen Furstenberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3566 LLoyd Drive		<b>Transaction ID:</b> 2303960
City State Zip Code Ft Lauderdale FL 33309	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line 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 1103 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marilyn Gaddis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 408 Mustang Lane		<b>Transaction ID:</b> 2308709
City State Zip Code San Marcos TX 78666	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Mrs. D. H. Galliher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 182 Old Jewett City Road		<b>Transaction ID:</b> 2305267
City State Zip Code Preston CT 06365	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Mrs. Susanne W Galtney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 8859 Stable Lane		<b>Transaction ID:</b> 2307116
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line 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 1104 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathryn L. Gann</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 4 Patricia Drive		<b>Transaction ID: 2303496</b>	
City State Zip Code N. Providence RI 02904		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Scientific Advantage, LLP Occupation VP of Consulting Firm			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Page S. Gardner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 1325 Darnall Drive		<b>Transaction ID: 2408915</b>	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PGardner Consulting 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) <b>C. Kendall Garing</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1545 Idlebrook Trl		<b>Transaction ID: 2308073</b>	
City State Zip Code Asheboro NC 27205		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PIH County Memorial Occupation MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5200.00
<b>TOTAL</b> This Period (last page this line 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 1105 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lisa C. Garmon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 3000 Royal Marco Way #BC21		<b>Transaction ID:</b> 2298803
City State Zip Code Marco Island FL 33145	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Harris K. Garrett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 5805 Farquhar Lane		<b>Transaction ID:</b> 2307571
City State Zip Code Dallas TX 75209	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leslie Garrison		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9000 NE 42nd St		<b>Transaction ID:</b> 2306124
City State Zip Code Yarrow Point WA 98004	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	885.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Fay Gaul</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1290 Kennedy Rd		<b>Transaction ID: 2304896</b>	
City State Zip Code Arnoldsville GA 30619	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Agatha's Search	Occupation Private Investigator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Cynthia Waszak Geary</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 121 Hunters Ridge Rd		<b>Transaction ID: 2307182</b>	
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family Health International	Occupation Senior Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Joan Gehrke</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 406 Owls Nest Road		<b>Transaction ID: 2300975</b>	
City State Zip Code Wilmington DE 19807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1107 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Annette Gellert</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 93 West Shore Road		<b>Transaction ID: 2301503</b>	
City State Zip Code Belvedere CA 94920	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none Occupation REQUESTED	Aggregate Year-to-Date ▼ 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Joan Gelman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 2 West 67th Street 6D		<b>Transaction ID: 2300139</b>	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation TV Prod/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>C. Ms. Elizabeth H. Geltz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 3231 Mount Kuebler Drive S		<b>Transaction ID: 2307269</b>	
City State Zip Code Salem OR 97302	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Beverly P. Gelwick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 12 Prosser Road		<b>Transaction ID:</b> 2305008	
City State Zip Code S Harpswell ME 04079	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Alicia J. George		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6827 4th St NW #107		<b>Transaction ID:</b> 2301308	
City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Psychotherapist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. George A. George		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 314 Charleston Lane		<b>Transaction ID:</b> 2299111	
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	590.00
<b>TOTAL</b> This Period (last page this line 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 1109 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Betty George</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5049 Sand Point PI NE Apt 1		<b>Transaction ID: 2302917</b>	
City State Zip Code Seattle WA 98105	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Dr. Janice Ro Gerard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 12021 Wilshire Blvd., #537		<b>Transaction ID: 2306509</b>	
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Psychologist Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Joan Gerhart</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1946 Raccoon Lane		<b>Transaction ID: 2308551</b>	
City State Zip Code Surfside Beach SC 29575	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1110 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Vicki Gershon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 211 Maple Hill Road		<b>Transaction ID:</b> 2307171
City State Zip Code Gladwyne PA 19035	Amount of Each Receipt this Period 100.00	
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>B.</b> Ms. Jocelyne Gessner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 8421 Denali Pkwy Lot 3		<b>Transaction ID:</b> 2308080
City State Zip Code Austin TX 78726	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Organiztional Consultant	Aggregate Year-to-Date ▼ 361.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda M. Ghelfi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 137 11th Street SE		<b>Transaction ID:</b> 2307505
City State Zip Code Washington DC 20003	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 ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	311.00
<b>TOTAL</b> This Period (last page this line 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 1111 / 2072  
(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. Dorothy W. Gibson-Ferrey

Mailing Address 238 15th Street, NE House # 6

City State Zip Code  
Atlanta GA 30309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308315

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary E. Giddens

Mailing Address PO Box 328

City State Zip Code  
LaBelle FL 33975

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Diamond G Ranch Cattle Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302854

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Patricia F. Gilbert

Mailing Address 2458 N. Quesnel Loop

City State Zip Code  
Tucson AZ 85715

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305456

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1112 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Priscilla A Gilman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4537 Deer Run		<b>Transaction ID:</b> 2306513	
City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical College of GA	Occupation Physician educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Karen Gilmore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 305 East 18 Street		<b>Transaction ID:</b> 2304292	
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Laura Ginger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2983 Ramble Road West		<b>Transaction ID:</b> 2304007	
City State Zip Code Bloomington IN 47408	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Indiana University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	395.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan Gitchell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 7561 S Race St		<b>Transaction ID:</b> 2300464
City State Zip Code Centennial CO 80122	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jefferson County Schools	Occupation School 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>B.</b> Ms. Susan J. Glass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8 Mirador		<b>Transaction ID:</b> 2302860
City State Zip Code Irvine CA 92612	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 ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Kathleen Louise Glezen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6400 Gilbert Lake Road		<b>Transaction ID:</b> 2304298
City State Zip Code Bloomfield Hills MI 48301	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1114 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Mildred L Glimcher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 435 East 52nd Street, #24C		<b>Transaction ID: 2299700</b>	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 3800.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PaceWildenstern	Occupation Art Historian		
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>B. Mr. Alvin E. Goetz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 6785 Charlestown Road		<b>Transaction ID: 2299961</b>	
City State Zip Code Mercersburg PA 17236	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C. Mr. Alvin E. Goetz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 6785 Charlestown Road		<b>Transaction ID: 2303374</b>	
City State Zip Code Mercersburg PA 17236	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Betty Gogek		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 183 Third Avenue Apt. 715		<b>Transaction ID:</b> 2307574	
City State Zip Code Chula Vista CA 91910	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Nancy Gold		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 180 Rt. 100		<b>Transaction ID:</b> 2302649	
City State Zip Code Katonah NY 10536	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PR Consultant Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Rosalie Y. Goldberg		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1241 Gulf of Mexico Drive #407		<b>Transaction ID:</b> 2303039	
City State Zip Code Longboat Key FL 34228	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1116 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Gary L. Goltra		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10414 Stonebank Street		<b>Transaction ID:</b> 2306220
City State Zip Code Bellflower CA 90706	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Building Inspector	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janice Goodhue		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 525 Court Street, # C306		<b>Transaction ID:</b> 2302289
City State Zip Code Reno NV 89501	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Roberta J. Goodin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 133 Golden Gate Circle		<b>Transaction ID:</b> 2306329
City State Zip Code Napa CA 94558	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1117 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy Goodman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 6 Evergreen Lane		<b>Transaction ID:</b> 2308037	
City Larchmont	State NY	Zip Code 10538	Amount of Each Receipt this Period 208.00
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 ▼ 658.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Margaret S Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1400 Lilac Ln Apt 201		<b>Transaction ID:</b> 2300353	
City Lawrence	State KS	Zip Code 66044	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Margaret S Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1400 Lilac Ln Apt 201		<b>Transaction ID:</b> 2303473	
City Lawrence	State KS	Zip Code 66044	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	408.00
<b>TOTAL</b> This Period (last page this line 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 1118 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lisa S. Gottesman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1 East Shore Road		<b>Transaction ID:</b> 2304653
City State Zip Code Mountain Lakes NJ 07046	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Harriet Gottlieb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5110 E Road Runner Road		<b>Transaction ID:</b> 2302868
City State Zip Code Paradise Vly AZ 85253	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Karen Gottlieb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3700 Hibiscus St		<b>Transaction ID:</b> 2305132
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	580.00
<b>TOTAL</b> This Period (last page this line 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 1119 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Janet Graham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2497 Saffron Gln		<b>Transaction ID:</b> 2302764
City State Zip Code Escondido CA 92029	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Marjorie Graham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 5040 Arbor Lane # 301		<b>Transaction ID:</b> 2308060
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 208.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, A Woman's Place	
	Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Jeanne H. Graham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 3103 N. Adams Road		<b>Transaction ID:</b> 2307317
City State Zip Code Bloomfield MI 48304	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	658.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rosalyn Graham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 81 Ticonderoga Road		<b>Transaction ID:</b> 2307679
City State Zip Code Shelburne VT 05482	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Lyle Spencer Gramling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 4200 Carnegie Way		<b>Transaction ID:</b> 2303700
City State Zip Code Sacramento CA 95821	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Jeanne Grandy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 285 Auburn Road		<b>Transaction ID:</b> 2302499
City State Zip Code West Hartford CT 06119	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1121 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Miss Fay C. Graning		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 6100 Westchester Park Drive Apt. 404		<b>Transaction ID:</b> 2299979
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura Graumann		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 587 Post Lane		<b>Transaction ID:</b> 2308383
City State Zip Code Somerset NJ 08873	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janice Graves		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 513 Carr Street		<b>Transaction ID:</b> 2300438
City State Zip Code Bakersfield CA 93309	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kern HS Dist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1122 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helen F. Gray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4 Steeples Road		<b>Transaction ID:</b> 2305719
City State Zip Code Washington Depot CT 06794	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Ms. Barbara T. Gray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 921 SW 69th Terrace		<b>Transaction ID:</b> 2301841
City State Zip Code Plantation FL 33317	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Vitas Healthcare Healthcare Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Betty W. Gray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 4800 Fillmore Avenue Apt. 620		<b>Transaction ID:</b> 2303186
City State Zip Code Alexandria VA 22311	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	359.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sylvia E. Green		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 16 Harcourt St. #7G		<b>Transaction ID:</b> 2303676
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eva Sarah Green		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2729 Cedar Drive		<b>Transaction ID:</b> 2302957
City State Zip Code Riva MD 21140	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation UDC Educator	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>C.</b> Ms. Lynn K Greenberg, M.S.W.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 531 Fourteenth Street		<b>Transaction ID:</b> 2301338
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation self psychotherapist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1124 / 2072						
	(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) <b>A.</b> Ms. Ruth Greene		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1810 E. Rolling Hills Drive		<b>Transaction ID:</b> 2301479	
City Fayetteville	State AR	Zip Code 72703	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B.</b> Ms. Janet L. Greenlees		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 29		<b>Transaction ID:</b> 2302976	
City Chester	State VT	Zip Code 05143	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet L. Greenlees		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address PO Box 29		<b>Transaction ID:</b> 2303665	
City Chester	State VT	Zip Code 05143	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1125 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne S. Greenwald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1503 Sheffield Ln.		<b>Transaction ID:</b> 2303979
City State Zip Code Wynnewood PA 19096	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer 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) <b>B.</b> Ms. Penny Greenwood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 44900 Woodstock Drive		<b>Transaction ID:</b> 2307132
City State Zip Code Mendocino CA 95460	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy Greenwood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 486 N State St		<b>Transaction ID:</b> 2304227
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Nancy Greenwood Smith Insurance Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Elizabeth W. Gregg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1060 Los Pueblos Street		<b>Transaction ID:</b> 2305237	
City State Zip Code Los Alamos NM 87544	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Helen Griffen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 17366 W. Sunset Blvd. Apt. 402B		<b>Transaction ID:</b> 2303519	
City State Zip Code Pacific Palisades CA 90272	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Amy S. Gross		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 1017 N. Phelps Avenue		<b>Transaction ID:</b> 2308249	
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 950.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	430.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1127 / 2072						
	(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) <b>A.</b> Ms. Jennifer Gross		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 12230 205th Street North		<b>Transaction ID:</b> 2300725	
City State Zip Code Marine on St Croix MN 55047	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 4900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Gross		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2804 W Gordon St		<b>Transaction ID:</b> 2302873	
City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation computer 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>C.</b> Ms. Jacinthe Grote		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 124 Washington Road		<b>Transaction ID:</b> 2305555	
City State Zip Code Rye NH 03870	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line 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 1128 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Paula Grubbs</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2001 Orchard Drive		<b>Transaction ID: 2305463</b>	
City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 20.00		
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 ▼ 265.00		

Full Name (Last, First, Middle Initial) <b>B. Miss Iris A. Gruwell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 290 Stoneykirk Dr		<b>Transaction ID: 2301053</b>	
City State Zip Code Bella Vista AR 72715	Amount of Each Receipt this Period 50.00		
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 ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>C. Miss Iris A. Gruwell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 290 Stoneykirk Dr		<b>Transaction ID: 2304074</b>	
City State Zip Code Bella Vista AR 72715	Amount of Each Receipt this Period 10.00		
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 ▼ 205.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> 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 1129 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Cynthia Guiles</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 7525 Sundial Ter		<b>Transaction ID: 2300782</b>	
City State Zip Code Sarasota FL 34231	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>B. Mr. Patrick S. Guillen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2002 Magnolia Avenue		<b>Transaction ID: 2305568</b>	
City State Zip Code Ontario CA 91762	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Executive Director	Aggregate Year-to-Date ▼ 495.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. James Guinan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 2101 Lakeridge Drive		<b>Transaction ID: 2303695</b>	
City State Zip Code Reno NV 89509	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1130 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Manuel Guinn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 132 Moore Street		<b>Transaction ID:</b> 2302341
City State Zip Code Jackson MI 49203	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Manuel Guinn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 132 Moore Street		<b>Transaction ID:</b> 2302340
City State Zip Code Jackson MI 49203	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret J. Gurau		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1115 N. Hyland Avenue		<b>Transaction ID:</b> 2303025
City State Zip Code Ames IA 50014	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1131 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nan Guslander		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 292 Lake Avenue		<b>Transaction ID:</b> 2308700	
City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation real estate investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Guthrie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address P.O. Box 505		<b>Transaction ID:</b> 2299597	
City State Zip Code Aspen CO 81612	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Janet T. Guttridge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1722 S. Lakeshores Drive		<b>Transaction ID:</b> 2303465	
City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coastal Printing Inc	Occupation Co_Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1132 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Haan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 999		<b>Transaction ID:</b> 2308535	
City State Zip Code Waldron WA 98297		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Natalie Z. Haar		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1 Kennedy Road		<b>Transaction ID:</b> 2302920	
City State Zip Code Cambridge MA 02138		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Alfred Habeeb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 4304 Fair Oaks Drive		<b>Transaction ID:</b> 2300687	
City State Zip Code Birmingham AL 35213		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carol Haig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1426 Cortez Court		<b>Transaction ID:</b> 2307245
City State Zip Code Walnut Creek CA 94598	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wells Fargo Bank	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol Haig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1426 Cortez Court		<b>Transaction ID:</b> 2307315
City State Zip Code Walnut Creek CA 94598	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wells Fargo Bank	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth Hailey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 11747 Canton PI		<b>Transaction ID:</b> 2301372
City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1134 / 2072						
	(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) <b>A.</b> Ms. Ruth R. Hailperin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 175 W. North Street, Apt. 234C		<b>Transaction ID:</b> 2302086	
City State Zip Code Nazaret PA 18064	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Karen R. Halderson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 3301 Monroe Street NE Unit N148		<b>Transaction ID:</b> 2307144	
City State Zip Code Albuquerque NM 87110	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Nutritionist Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth A. Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 8141 Chase Ave		<b>Transaction ID:</b> 2305814	
City State Zip Code Los Angeles CA 90045	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation researcher Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1135 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jeanette M. Hall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 15 Azalea Avenue		<b>Transaction ID:</b> 2299518
City State Zip Code Fairfax CA 94930	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation Tax accountant	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Phyllis C. Hall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4 Ringfield		<b>Transaction ID:</b> 2302755
City State Zip Code Chadds Ford PA 19317	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Florence F. Hall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2010 Powhatan Street		<b>Transaction ID:</b> 2308398
City State Zip Code Falls Church VA 22043	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-employed Occupation Tour Guide	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1136 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary M Halloran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 813 Pleasant Hill Road		<b>Transaction ID:</b> 2301763	
City State Zip Code Wallingford PA 19086	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation marketing consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann Halpern		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 206 Valley Road		<b>Transaction ID:</b> 2306156	
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 35.00		
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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Roslyn W Halpern		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7546 SW Aloma Way # 1		<b>Transaction ID:</b> 2306381	
City State Zip Code Portland OR 97223	Amount of Each Receipt this Period 30.00		
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 ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	265.00
<b>TOTAL</b> This Period (last page this line 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 1137 / 2072
	(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. Roslyn W Halpern

Mailing Address 7546 SW Aloma Way # 1

City State Zip Code  
Portland OR 97223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID: 2303461**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Terry Hamermesh

Mailing Address 2367 Mandeville Canyon Road

City State Zip Code  
Los Angeles CA 90049

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2307033**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marian J Hamilton

Mailing Address 7 Ross Road

City State Zip Code  
Alameda CA 94502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None 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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304980**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>640.00</b>
<b>TOTAL</b> This Period (last page this line 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 1138 / 2072  
(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. Rose M. Hamlin

Mailing Address 1102 K Street

City State Zip Code  
Crescent City CA 95531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301215

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Hamper

Mailing Address 1300 Burrows Rd

City State Zip Code  
Campbell CA 95008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304337

Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marcia Handelman

Mailing Address 6 Clinton Place

City State Zip Code  
Troy NY 12180

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  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307786

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **367.00**

**TOTAL** This Period (last page this line 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 1139 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alison S. Hannan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 19 S Belden Hill Road		<b>Transaction ID:</b> 2305682
City State Zip Code Guilford VT 05301	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Helen E Hansen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 455 Otis Avenue		<b>Transaction ID:</b> 2300001
City State Zip Code Saint Paul MN 55104	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Faculty	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Helen E Hansen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 455 Otis Avenue		<b>Transaction ID:</b> 2308772
City State Zip Code Saint Paul MN 55104	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Faculty	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1140 / 2072
	(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. Patricia W. Hanson

Mailing Address 4276 Sanctuary Way

City State Zip Code  
Bonita Springs FL 34134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308089

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Amy Axt Hanson

Mailing Address 923 N. Lawrence Street

City State Zip Code  
Tacoma WA 98406

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation  
Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305749

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth W. Hardwick

Mailing Address 1705 Herr Lane #611

City State Zip Code  
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307817

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tamara Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 10175 Sunstar Road		<b>Transaction ID:</b> 2307572	
City State Zip Code Monterey CA 93940		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Allison Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4034 Calvert Street St NW Apt. 5		<b>Transaction ID:</b> 2305606	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer YAI/National Institute for People with Occupation Fundraiser			
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) <b>C.</b> Ms. Joann Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 241 Melba Lane		<b>Transaction ID:</b> 2303492	
City State Zip Code Highland Park IL 60035		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1142 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Nancy G. Harter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 201 South Glenwood Avenue		<b>Transaction ID:</b> 2301857	
City State Zip Code Columbia MO 65203	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Linda Hartig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 180 Otter Rock		<b>Transaction ID:</b> 2300427	
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker-retired	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>C.</b> Dr. Hollister Hartman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7708 Random Run Ln		<b>Transaction ID:</b> 2304755	
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer VDO Car Communication Occupation Engineer	Aggregate Year-to-Date ▼ 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	685.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne Harvey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 2242 Lawton Drive		<b>Transaction ID:</b> 2302518	
City State Zip Code Lemon Grove CA 91945	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer San Diego State University	Occupation Professor Emeritus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anne Harvey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2242 Lawton Drive		<b>Transaction ID:</b> 2305393	
City State Zip Code Lemon Grove CA 91945	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer San Diego State University	Occupation Professor Emeritus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David W. Haseltine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 146 East 46th Street Room 2F		<b>Transaction ID:</b> 2306393	
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1144 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellen Hatcher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1907 Grant Street		<b>Transaction ID:</b> 2304346
City State Zip Code Berkeley CA 94703	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ellen Hatcher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 1907 Grant Street		<b>Transaction ID:</b> 2307545
City State Zip Code Berkeley CA 94703	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anne Haugh		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 4960 Crystal Drive		<b>Transaction ID:</b> 2300455
City State Zip Code San Diego CA 92109	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1145 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joy Haupt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 854 Rue De La Paix Apt B10		<b>Transaction ID:</b> 2302961	
City State Zip Code Cincinnati OH 45220	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Dr. Lynn E Hauser		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 950 N Michigan Avenue Apt 5403		<b>Transaction ID:</b> 2301433	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Heather C Hawkins		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 522 Northern Avenue Apple		<b>Transaction ID:</b> 2302823	
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation psychotherapist Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1146 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. David Hawley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 604 Cabana Lane		<b>Transaction ID: 2299649</b>	
City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Kay Haxton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2036 Sharon Road		<b>Transaction ID: 2307155</b>	
City State Zip Code Winter Park FL 32789	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>C. Dr. David Hayes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 740 Ocean Avenue		<b>Transaction ID: 2308321</b>	
City State Zip Code New London CT 06320	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 ▼ 1850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1147 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joanne A. Hayne		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 24023 7th Place W.		<b>Transaction ID:</b> 2306815
City State Zip Code Bothell WA 98021	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED		
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) <b>B.</b> Ms. Stephanie Hayutin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 745 25th Street		<b>Transaction ID:</b> 2302862
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Clinical Nurse Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rev. Nancy C Hayward		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 17777 Shii-tali Rrail		<b>Transaction ID:</b> 2302145
City State Zip Code Traverse City MI 49686	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation retired minister		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line 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 1148 / 2072
	(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. Barbara K. Hayworth

Mailing Address 8205 Stoneham Drive

City Ypsilanti State MI Zip Code 48197

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  
1 0 / 2 0 / 2 0 0 7

**Transaction ID:** 2303296

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan L. Hazard

Mailing Address 1025 5th Avenue # 3CN

City New York State NY Zip Code 10028

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 Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305583

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eloise K Healy

Mailing Address 4350 Allott Ave.

City Sherman Oaks State CA Zip Code 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation writer/educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 2308751

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Josephine W Heath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2455 Vassar Dr		<b>Transaction ID:</b> 2301853	
City State Zip Code Boulder CO 80305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Community Foundation	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>B.</b> Ms. Joan M. Hebert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5455 8 th Street, #66		<b>Transaction ID:</b> 2305051	
City State Zip Code Carpinteria CA 93013	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Ann Fischer F. Hecht		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1152 Laurel St.		<b>Transaction ID:</b> 2303875	
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation bon vivant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3275.00
<b>TOTAL</b> This Period (last page this line 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 1150 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty Hedblom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1120 N. Lake Shore Drive #9B		<b>Transaction ID:</b> 2303611
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Kathryn Hedgepeth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 20 Kingsberry Way		<b>Transaction ID:</b> 2304530
City State Zip Code Easthampton MA 01027	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation 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) <b>C.</b> Ms. Nancy C Heffernan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 38 Low Road		<b>Transaction ID:</b> 2302799
City State Zip Code Hanover NH 03755	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation writer	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1151 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Donna M Hefley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 771 N Promontory Dr		<b>Transaction ID:</b> 2306313
City State Zip Code Tucson AZ 85748	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Misys Healthcare Systems	Occupation Development Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Leslie Hefner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 424 Little Lake Drive Apt. 33		<b>Transaction ID:</b> 2307855
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Steve Hegeman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 367		<b>Transaction ID:</b> 2301909
City State Zip Code Bonita Springs FL 34133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Edith Heilman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 11 Observator Place		<b>Transaction ID:</b> 2300485	
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Charles Schwab	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Dean Heine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 34 Jefferson Road		<b>Transaction ID:</b> 2302956	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Dean Heine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 34 Jefferson Road		<b>Transaction ID:</b> 2303037	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1153 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. CleoBell Heiple-Tice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1615 N. 2nd Avenue		<b>Transaction ID:</b> 2304977
City State Zip Code Upland CA 91784	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Margaret A. Heizmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 180 Corey Road, Apt. 202		<b>Transaction ID:</b> 2299943
City State Zip Code Brighton MA 02135	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Joan P. Heller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 3420 E. Marlette Avenue		<b>Transaction ID:</b> 2306624
City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1154 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sally Helling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 95 Harding Drive		<b>Transaction ID:</b> 2302093	
City State Zip Code South Orange NJ 07079		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy O. Helly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 91 Central Park W		<b>Transaction ID:</b> 2306091	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cathy L. Helm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7323 Fairwood Lane		<b>Transaction ID:</b> 2302906	
City State Zip Code Falls Church VA 22046		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US GAO Occupation Policy analyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line 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 1155 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John W. Hennessey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 9 Harbor Watch Rd		<b>Transaction ID:</b> 2308534
City State Zip Code Burlington VT 05401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Ellen A Hennessey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1926 Lawrence St. NE		<b>Transaction ID:</b> 2302993
City State Zip Code Washington DC 20018	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Fiduciary Counselors Inc. 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>C.</b> Mr. Robert R. Henry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 480 Saxony Road		<b>Transaction ID:</b> 2303358
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1156 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert R. Henry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 480 Saxony Road		<b>Transaction ID:</b> 2308502
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Alice Herbig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7820 NE 155th Place		<b>Transaction ID:</b> 2306198
City State Zip Code Kenmore WA 98028	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Muriel Hess		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 1510 Pelican Point Drive Apt. BA168		<b>Transaction ID:</b> 2301583
City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1157 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hillary Hess		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 415 North Norwood Street		<b>Transaction ID:</b> 2304427
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer US Dept. of Commerce	Occupation Export Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Diane L-S Hewat		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 609 119 Selleck Hill Road		<b>Transaction ID:</b> 2308443
City State Zip Code Salisbury CT 06068	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sarah M. Hewitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 501 S. La Posada Circle Apt. 183		<b>Transaction ID:</b> 2302724
City State Zip Code Green Valley AZ 85614	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line 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 1158 / 2072  
(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. Helene Hibbard

Mailing Address 16 Guildswood

City State Zip Code  
Tuscaloosa AL 35401

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 ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID: 2307534**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Cornelius A. Hieber, Jr.

Mailing Address 103 Regency Lane

City State Zip Code  
Ithaca NY 14850

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID: 2302108**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. D. Highiet

Mailing Address 3113 Grey Eagle Drive

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2305408**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **305.00**

**TOTAL** This Period (last page this line 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 1159 / 2072  
(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. Shirley A. Hignet

Mailing Address 100 Four Wheel Drive

City State Zip Code  
Mars PA 16046

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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID: 2302278**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
T. W. Hildebrandt

Mailing Address 1400 1st St Unit A

City State Zip Code  
Longmont CO 80501

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  
1 0 / 2 5 / 2 0 0 7

**Transaction ID: 2307485**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene A. Hildreth

Mailing Address 2000 Cambridge Avenue  
Apt. 129

City State Zip Code  
Wyomissing PA 19610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298750**

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 1160 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Eugene A. Hildreth</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2000 Cambridge Avenue Apt. 129		<b>Transaction ID: 2306635</b>
City State Zip Code Wyomissing PA 19610	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1950.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Bette Cerf Hill</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 415 E North Water St Apt 1505		<b>Transaction ID: 2299646</b>
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Artist Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lee H. Hill</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 235 Walker Street #226		<b>Transaction ID: 2308489</b>
City State Zip Code Lenox MA 01240	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth L. Hill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5612 Shell Road Village Drive		<b>Transaction ID:</b> 2305422
City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Janette E. Hill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 116 N 5th Street		<b>Transaction ID:</b> 2308754
City State Zip Code Beatrice NE 68310	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Bookkeeper Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara J Hill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 25 Joralemon Street Apt. 5		<b>Transaction ID:</b> 2298824
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1162 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Louise A. Hinderer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4801 N Hills Blvd Apt 306		<b>Transaction ID:</b> 2306679	
City State Zip Code N Little Rock AR 72116	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol A Hires		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 255 James Street		<b>Transaction ID:</b> 2305256	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 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) <b>C.</b> Ms. Elizabeth Levitt Hirsch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 9951 Kip Drive		<b>Transaction ID:</b> 2301395	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Jeanne Hirschberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 8719 Walmer St		<b>Transaction ID: 2304378</b>	
City State Zip Code Overland Park KS 66212		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Pamela Hirschfeld</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 429 Upper Samsonvil		<b>Transaction ID: 2308523</b>	
City State Zip Code Olivebridge NY 12461		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David R. Hirst</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address PO Box 898		<b>Transaction ID: 2301345</b>	
City State Zip Code Tacoma WA 98401		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line 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 1164 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia Hitchcock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 15809 W. Sugar Bush Way		<b>Transaction ID:</b> 2303851
City State Zip Code Surprise AZ 85374	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Nancy Hitz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 26026 Scarff Way		<b>Transaction ID:</b> 2300635
City State Zip Code Los Altos CA 94022	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Margaret Hixon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 119 Coolidge Rd		<b>Transaction ID:</b> 2307100
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1165 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Marie H. Hobart		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 216 Spring Street		<b>Transaction ID:</b> 2301850
City State Zip Code Shrewsbury MA 01545	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Massachusetts	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy R. Hodges		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 975 N Shawn Avenue		<b>Transaction ID:</b> 2302840
City State Zip Code Oak Harbor WA 98277	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Virginia Hodgkinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1907 Windmill Lane		<b>Transaction ID:</b> 2306924
City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Cheryl E Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 14516 Manor Park Dr.		<b>Transaction ID:</b> 2302801	
City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Commercial Property Management	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jo Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1913 NW Quail Trail		<b>Transaction ID:</b> 2308418	
City State Zip Code Lees Summit MO 64081	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Mary Alice Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1428 Johnnys Way		<b>Transaction ID:</b> 2305447	
City State Zip Code West Chester PA 19382	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1167 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Janet Hofmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 3889 Harvest Drive		<b>Transaction ID:</b> 2299995	
City State Zip Code Redwood City CA 94061	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 ▼ 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Hofmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3889 Harvest Drive		<b>Transaction ID:</b> 2306666	
City State Zip Code Redwood City CA 94061	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet Hofmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 3889 Harvest Drive		<b>Transaction ID:</b> 2308310	
City State Zip Code Redwood City CA 94061	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 ▼ 1050.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1168 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Kevin G. Hollis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1338 Ridgeway Avenue		<b>Transaction ID: 2303630</b>	
City State Zip Code New Albany IN 47150	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Heal Thyself	Occupation Physician		
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>B. Ms. Linda Jane Hollis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 235 E 22nd Street, Apt. 9D		<b>Transaction ID: 2301440</b>	
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Marilyn A. Hollub</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 232 Summerfield Road		<b>Transaction ID: 2301754</b>	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self		Occupation Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line 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 1169 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lori S. Holman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 63 Castle Park Way		<b>Transaction ID:</b> 2307383
City State Zip Code Oakland CA 94611	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 ▼ 1150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann E. Holme		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 40719 County Hwy 23		<b>Transaction ID:</b> 2308530
City State Zip Code Ortonville MN 56278	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary B. Holt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 18616 N. 99th Avenue # 2027		<b>Transaction ID:</b> 2306780
City State Zip Code Sun City AZ 85373	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 ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1170 / 2072  
(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. Jeanne Hook-Martin

Mailing Address 860 E. Ravine Lane

City State Zip Code  
Milwaukee WI 53217

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303653

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nathalie Hope

Mailing Address 20 Bartlett Dr Apt 109

City State Zip Code  
Rockland ME 04841

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306774

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Winifred M. Hoppert

Mailing Address 815 12th Street

City State Zip Code  
Windom MN 56101

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306632

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1171 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jackie C. Horne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 8 Harris Street		<b>Transaction ID:</b> 2308057
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Brandeis University	Occupation Grad Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Vicki Kufitic Horne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 852 Dorseyville Road		<b>Transaction ID:</b> 2308063
City State Zip Code Pittsburgh PA 15238	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leah Horwitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 305 Savage Farm Drive		<b>Transaction ID:</b> 2307101
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	461.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty B. Hoskins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 5 Paradox Drive		<b>Transaction ID:</b> 2308384
City Worcester	State MA	Zip Code 01602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Commonwealth of MA	Occupation College Faculty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane Houston		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1207 W Fort Street, # 111		<b>Transaction ID:</b> 2306204
City Boise	State ID	Zip Code 83702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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) <b>C.</b> Ms. Kathy Hubenet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 713 24th Avneue E.		<b>Transaction ID:</b> 2306777
City Seattle	State WA	Zip Code 98112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Group Health Corp	Occupation Reg. Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.00
<b>TOTAL</b> This Period (last page this line 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 1173 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sarah K. Huber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 8308 Berry Drive		<b>Transaction ID:</b> 2308494
City State Zip Code Evansville IN 47710	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Dr. Edsel K. Hudson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 5020 S Lake Shore Dr Apt 903		<b>Transaction ID:</b> 2301033
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Edsel K. Hudson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 5020 S Lake Shore Dr Apt 903		<b>Transaction ID:</b> 2306662
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1174 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia Hudson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 2627 NW 69th St		<b>Transaction ID:</b> 2303475
City State Zip Code Oklahoma City OK 73116	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Clinical Social Worker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances Huffman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 2400 Hoyt Street		<b>Transaction ID:</b> 2307701
City State Zip Code Winston Salem NC 27103	Amount of Each Receipt this Period 100.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David G. Hulan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 298 Winding Creek D		<b>Transaction ID:</b> 2303504
City State Zip Code Naperville IL 60565	Amount of Each Receipt this Period 50.00	
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 / 2072  
(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. Eileen Lyons Hume

Mailing Address 4629 50th Avenue S.

City State Zip Code  
Seattle WA 98118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308537

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Holley Humphrey

Mailing Address 233 Rogue River Highway #173

City State Zip Code  
Grants Pass OR 97527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Speaker/Trainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300457

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Holley Humphrey

Mailing Address 233 Rogue River Highway #173

City State Zip Code  
Grants Pass OR 97527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Speaker/Trainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2303173

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

**TOTAL** This Period (last page this line 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 1176 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. R. B. Humphrey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address PO Box 909		<b>Transaction ID: 2300674</b>	
City Greensburg	State PA	Zip Code 15601	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B. Ms. Carol Hunt</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 4325		<b>Transaction ID: 2306216</b>	
City West Covina	State CA	Zip Code 91791	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elinor Green Hunter</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 4205 Military Road NW		<b>Transaction ID: 2308577</b>	
City Washington	State DC	Zip Code 20015	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard Hunter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1310 Birch Lane		<b>Transaction ID:</b> 2305844	
City State Zip Code Wilmington DE 19809	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VIA Comp 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>B.</b> Ms. Elizabeth H. Hunter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 310 W 79th Street Apt. 11W		<b>Transaction ID:</b> 2306770	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Writer	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Evelyn Hurd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3100 Shore Drive, Apt. 855		<b>Transaction ID:</b> 2305083	
City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Nancy M. Hurley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 3116 Gracefield Road, # 214		<b>Transaction ID:</b> 2308729
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann M Hurst		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 6302 NE 151st Street		<b>Transaction ID:</b> 2308786
City State Zip Code Kenmore WA 98028	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Substitute Teacher	
	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Janet Husband		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 67 Linnell Landing Road		<b>Transaction ID:</b> 2307811
City State Zip Code Brewster MA 02631	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1179 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maryann Hutchison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 464 35th Street		<b>Transaction ID:</b> 2305622	
City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Aerospace Corporation	Occupation Sr. Project Engineering Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy J. Hutson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 64 Montauk Avenue		<b>Transaction ID:</b> 2302866	
City State Zip Code Stonington CT 06378	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Eve Ilsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 1720 Lehigh Street		<b>Transaction ID:</b> 2298798	
City State Zip Code Boulder CO 80305	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1130.00
<b>TOTAL</b> This Period (last page this line 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 1180 / 2072  
(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. Meredith R Inderfurth

Mailing Address 7708 Crossover Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303514

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Betty Innis

Mailing Address 585 Sunny Glen Court

City State Zip Code  
Woodland Park CO 80863

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308281

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy H. Irwin

Mailing Address 135 Vista Monte

City State Zip Code  
Palm Desert CA 92260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306917

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1181 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jeremy Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 560 Fern Gln		<b>Transaction ID:</b> 2305868
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Sharon H. Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1211 Lexham Drive		<b>Transaction ID:</b> 2305412
City State Zip Code Marietta GA 30068	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Consultant	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Frederick H. Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1 Lyman Street, Apt. 118		<b>Transaction ID:</b> 2303767
City State Zip Code Westborough MA 01581	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line 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 1182 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. David Henry Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 303 12th Street		<b>Transaction ID: 2302847</b>
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Building Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Shirley Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7300 Lynnhurst Street		<b>Transaction ID: 2302918</b>
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C. Ms. Lisa L. Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 14 Marbourne Drive		<b>Transaction ID: 2307194</b>
City State Zip Code Mamaroneck NY 10543	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1183 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Israel S. Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2455 Nott Street E		<b>Transaction ID:</b> 2308008
City State Zip Code Schenectady NY 12309	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Physicist	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>B.</b> Ms. Angela M. Jaggar		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 50 W Creek Farms Rd		<b>Transaction ID:</b> 2308043
City State Zip Code Prt Washngtn NY 11050	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cornelia D. Jahncke		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 125 W. Lyon Farm Drive		<b>Transaction ID:</b> 2308750
City State Zip Code Greenwich CT 06831	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1184 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy Owen James		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 519 Autumn Oak Way		<b>Transaction ID:</b> 2308765
City State Zip Code Prescott AZ 86303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwestern University	Occupation Art historian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Loralene James		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3335 Childs Road		<b>Transaction ID:</b> 2302797
City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Miss Martha W. James		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 4100 Jackson Avenue Apt. 310		<b>Transaction ID:</b> 2308393
City State Zip Code Austin TX 78731	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line 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 1185 / 2072
	(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 Jane Janick

Mailing Address 66 Walnut Grove Road  
PO Box 4

City State Zip Code  
Ridgefield CT 06877

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  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307738

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Denise Janjigian

Mailing Address 1243 Richardson Avenue

City State Zip Code  
Los Altos CA 94024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2303181

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anne K. Jeffrey

Mailing Address 296 Ashbourne Place

City State Zip Code  
Columbus OH 43209

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299266

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1186 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne Jencks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 83 Walnut Street		<b>Transaction ID:</b> 2302739	
City State Zip Code Seekonk MA 02771	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Anne Jencks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 83 Walnut Street		<b>Transaction ID:</b> 2305286	
City State Zip Code Seekonk MA 02771	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Cynthia Jennings		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 10795 Wilshire Blvd. Apt. 504		<b>Transaction ID:</b> 2299498	
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1187 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia A. Jennings		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 58 Valley View Avenue		<b>Transaction ID:</b> 2304941	
City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Certified Public Accountant	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth Jensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 3 Woodlawn Place		<b>Transaction ID:</b> 2308074	
City State Zip Code Clinton NY 13323	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hamilton College Occupation College 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) <b>C.</b> Ms. Mary R. Jewell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 57 Cowper Avenue		<b>Transaction ID:</b> 2307172	
City State Zip Code Kensington CA 94707	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1188 / 2072
	(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 Ann Joca

Mailing Address 915 Los Arboles Ave., N.W.

City State Zip Code  
Albuquerque NM 87107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USDA Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305723

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marilyn Jody

Mailing Address 264 Dillard Rd.

City State Zip Code  
Sylva NC 28779

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 Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304739

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Johnson

Mailing Address 149 Palm Court

City State Zip Code  
Santa Monica CA 93454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302636

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1189 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Shirley T. Johnson

Mailing Address 600 Driftwood Drive

City Murray State KY Zip Code 42071

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304479**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Donald G Johnson

Mailing Address 5 W. Oak St.

City Ramsey State NJ Zip Code 07446

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299276**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald G Johnson

Mailing Address 5 W. Oak St.

City Ramsey State NJ Zip Code 07446

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299277**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1190 / 2072  
(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. Joan Johnson

Mailing Address 64 School Street

City State Zip Code  
Northport NY 11768

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303823

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Johnston

Mailing Address 45 Hornbeck Lane

City State Zip Code  
Accord NY 12404

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305225

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Estelle C. Jones

Mailing Address 3 Stanwich Lane

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307157

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.00**

**TOTAL** This Period (last page this line 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 1191 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lily A. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1311 Cadieux Road		<b>Transaction ID:</b> 2304365
City State Zip Code Grosse Pointe Park MI 48230	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Hilda P. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address PO Box 57		<b>Transaction ID:</b> 2306634
City State Zip Code Williamsburg MO 63388	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth J. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 226 Countryview Road		<b>Transaction ID:</b> 2302736
City State Zip Code Slippery Rock PA 16057	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line 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 1192 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Beverly R. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address PO Box 478		<b>Transaction ID:</b> 2301846
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Yvonne P. Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2727 Fairview Avenue E.		<b>Transaction ID:</b> 2299668
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Ed. Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Judith Jordan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3 Lake Ridge Drive		<b>Transaction ID:</b> 2304861
City Columbia	State CT	Zip Code 06237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line 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 1193 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Albert G. Jordan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 2719 Baronnhurst Drive		<b>Transaction ID:</b> 2307238
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Pamela Joseph		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 407 Aspen Oak Drive		<b>Transaction ID:</b> 2301999
City State Zip Code Aspen CO 81611	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Luana Josvold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 100		<b>Transaction ID:</b> 2299984
City State Zip Code Mattapoisett MA 02739	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Musician Translator	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line 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 1194 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Luana Josvold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 100		<b>Transaction ID:</b> 2300721	
City Mattapoisett	State MA	Zip Code 02739	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Musician Translator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Simone P Joyaux		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 10 Johnson Road		<b>Transaction ID:</b> 2308442	
City Foster	State RI	Zip Code 02825	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Self-employed		
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>C.</b> Mrs. Eleanore P. Judd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2552 E. Alameda Avenue Apt. 17		<b>Transaction ID:</b> 2302793	
City Denver	State CO	Zip Code 80209	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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1195 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn Judd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8955 Indian Springs Road		<b>Transaction ID:</b> 2306111
City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Laurie Jurs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3550 West Calle Uno		<b>Transaction ID:</b> 2302576
City State Zip Code Green Valley AZ 85614	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired Occupation Health Care	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>C.</b> Ms. Carla H. Kaatz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 309 N Poplar Street		<b>Transaction ID:</b> 2303015
City State Zip Code Ellenburg WA 98926	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1225.00
<b>TOTAL</b> This Period (last page this line 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 1196 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carla H. Kaatz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 309 N Poplar Street		<b>Transaction ID:</b> 2308519
City State Zip Code Ellenburg WA 98926	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Patricia Kafoglis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1008 Newman Way		<b>Transaction ID:</b> 2307289
City State Zip Code Bowling Green KY 42104	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Glad Kaletta		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4730 W 77th Street		<b>Transaction ID:</b> 2304477
City State Zip Code Prairie Vlg KS 66208	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1197 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret Kaminski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 22333 Hanson Court		<b>Transaction ID:</b> 2306894
City State Zip Code St. Clair Shores MI 48080	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Helen R. Kanovsky		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 7004 Winslow Street		<b>Transaction ID:</b> 2307118
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Shirley Karas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7008 E. Mighty Saguaro Way		<b>Transaction ID:</b> 2303023
City State Zip Code Scottsdale AZ 85266	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 / 2072  
(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 Karbeling

Mailing Address 2910 Roxboro Dr

City State Zip Code  
Ames IA 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303776

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Romayne Karl

Mailing Address 10903 Crown Park

City State Zip Code  
San Antonio TX 78239

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298739

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rita R. Karlsten

Mailing Address 7535 Morevern Circle

City State Zip Code  
San Jose CA 95135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305739

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Marvin Karno</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4836 Oak Park Avenue		<b>Transaction ID: 2303932</b>
City State Zip Code Encino CA 91316	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Ms. Anna Karreman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 404 Cheswick Place, Apt. 449		<b>Transaction ID: 2306160</b>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lesley A. Kash</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Unit 5113		<b>Transaction ID: 2306315</b>
City State Zip Code APO AA 34038	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer United States Department of State Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Foreign Service Secretary Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line 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 1200 / 2072  
(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 B. Kash

Mailing Address 5226 E Desert Vista Rd

City State Zip Code  
Paradise Vly AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305145

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Kaslow

Mailing Address 1025 E 16th Street

City State Zip Code  
Brooklyn NY 11230

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304302

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia A. Kates

Mailing Address 1100 Woodside Road

City State Zip Code  
Berkeley CA 94708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303720

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1201 / 2072
	(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. Sue R. Katoll

Mailing Address 3838 LaMarque Ct.

City Columbus State OH Zip Code 43232

FEC ID number of contributing federal political committee. **C**

Name of Employer None 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305736

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Annbeth Katz

Mailing Address 3 Westdale Road  
PO Box 545

City Stockridge State MA Zip Code 01262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299933

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Phyllis A. Katz

Mailing Address 15 West 53rd Street  
#36A

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Inst. for Research Occupation Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306644

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1202 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Susan Kaufman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 430 E 86th Street Apt 3 C		<b>Transaction ID:</b> 2306730
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melinda Kaufman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6 Kroft Court		<b>Transaction ID:</b> 2302852
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Bonnie T. Kay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1245 Denbigh Lane		<b>Transaction ID:</b> 2306620
City State Zip Code Radnor PA 19087	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Director of Employment Dev.	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1203 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Phyllis J Kayten Mailing Address 96 Churchill Ave City Palo Alto State CA Zip Code 94306 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2303940</b> Amount of Each Receipt this Period 24.50
Name of Employer Stanford University Occupation librarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. M. Evelyn Keating Mailing Address 302 West Street City Gurnee State IL Zip Code 60031 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2302788</b> Amount of Each Receipt this Period 100.00
Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Pamela J Kedderis Mailing Address 42 Northwoods Road City Farmington State CT Zip Code 06032 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 7 <b>Transaction ID: 2307641</b> Amount of Each Receipt this Period 100.00
Name of Employer noyb Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	224.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1204 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. MaryAnn Keenan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 233 South 6th Street # 2301		<b>Transaction ID: 2301834</b>	
City Philadelphia      State PA      Zip Code 19106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Cecile S Keeper</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2929 Buffalo Speedway #203		<b>Transaction ID: 2301845</b>	
City Houston      State TX      Zip Code 77098	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Mrs. Cecile S Keeper</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2929 Buffalo Speedway #203		<b>Transaction ID: 2308084</b>	
City Houston      State TX      Zip Code 77098	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1205 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sally Keil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1219 Route 171		<b>Transaction ID:</b> 2307115	
City State Zip Code Woodstock CT 06281		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Joanne G Keith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 14 Barrier Reef Dr		<b>Transaction ID:</b> 2305968	
City State Zip Code Corona DI Mar CA 92625		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Karen Kelleher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 717 E. North Lane # 3		<b>Transaction ID:</b> 2303002	
City State Zip Code Phoenix AZ 85020		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1206 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Judith Carlson Kelley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 735 Terrace Drive		<b>Transaction ID: 2301518</b>	
City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Ms. Marcy Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 607 N Sierra Dr		<b>Transaction ID: 2307260</b>	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation 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) <b>C. Mr. Jason L. Kemp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 16 Addison Road		<b>Transaction ID: 2305807</b>	
City State Zip Code Wilbraham MA 01095	Amount of Each Receipt this Period 24.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Clerk	Aggregate Year-to-Date ▼ 245.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1024.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia Keane Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 18 Dundee Circle		<b>Transaction ID: 2303494</b>	
City State Zip Code Harwich MA 02645		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Bay Mental Health Center		Occupation Mental Health Counsellor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William E. Kennel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 10000 Columbia Avenue #1117		<b>Transaction ID: 2307516</b>	
City State Zip Code Munster IN 46321		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Karen Kenworthy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 446 Nantmeal Rd		<b>Transaction ID: 2306183</b>	
City State Zip Code Glenmoore PA 19343		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A		Occupation homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1208 / 2072						
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Muriel Kenzler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 3552		<b>Transaction ID:</b> 2303689	
City State Zip Code Clearlake CA 95422	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Sheila Kerrigan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 2310 Stansbury Street		<b>Transaction ID:</b> 2300919	
City State Zip Code Chapel Hill NC 27516	Amount of Each Receipt this Period 3750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Author Director Teacher	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Amy Kesselman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 94 Tillson Lake Road		<b>Transaction ID:</b> 2305864	
City State Zip Code Wallkill NY 12589	Amount of Each Receipt this Period 33.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 330.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3833.00
<b>TOTAL</b> This Period (last page this line 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 1209 / 2072  
(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. Julia Ketcham

Mailing Address 1420 Salt Springs Rd

City State Zip Code  
Syracuse NY 13214

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 ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

Transaction ID: 2304041

Amount of Each Receipt this Period  
21.00

**B.** 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  
None Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2007

Transaction ID: 2301866

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. GERALYN A. KIDERA

Mailing Address 10208 Waterside Oaks Drive

City State Zip Code  
Tampa FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Care Lawyers, PLC lawyer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

Transaction ID: 2304750

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **301.00**

**TOTAL** This Period (last page this line 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 1210 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Patti Kile		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address E3412 Bunker Road		<b>Transaction ID:</b> 2306781	
City Waupaca	State WI	Amount of Each Receipt this Period 150.00	
Zip Code 54981		FEC ID number of contributing federal political committee. C	
Name of Employer Thedacare Waupaca	Occupation Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jeanie Kilgour		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6727 Woodcreek Road		<b>Transaction ID:</b> 2305334	
City Charlevoix	State MI	Amount of Each Receipt this Period 100.00	
Zip Code 49720		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>C.</b> Full Name (Last, First, Middle Initial) Ms. Dana Killion		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 250 W. 91st Street		<b>Transaction ID:</b> 2302829	
City New York	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 10024		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1211 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Louise L Kimball		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 301 Linden PondsWay # 105		<b>Transaction ID:</b> 2307143
City State Zip Code Hingham MA 02043	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Mr. Edward M Kimmel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 7629 Carroll Avenue		<b>Transaction ID:</b> 2306511
City State Zip Code Takoma Park MD 20912	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Bankruptcy Attorney	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sarah Kimmey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1805 Park Ave Apt 2		<b>Transaction ID:</b> 2306731
City State Zip Code Saint Louis MO 63104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1212 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Phyllis M. Kindinger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 255 Mayer Road 147 M		<b>Transaction ID:</b> 2308412
City State Zip Code Frankenmuth MI 48734	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Virginia King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 5950 N Fountains Avenue Apt. 10101		<b>Transaction ID:</b> 2301326
City State Zip Code Tucson AZ 85704	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	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>C.</b> Dr. F. Allene King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1619 Castle Court		<b>Transaction ID:</b> 2307113
City State Zip Code Houston TX 77006	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1213 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Joseph King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 51		<b>Transaction ID:</b> 2306243
City State Zip Code Glen Flora TX 77443	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation STPNOC Wadsworth TX Technical Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marie E. Kingdon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1062 Carter's Grove		<b>Transaction ID:</b> 2306832
City State Zip Code Indianapolis IN 46260	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) <b>C.</b> Mrs. Janet C. Kireker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 128		<b>Transaction ID:</b> 2302878
City State Zip Code Ho Ho Kus NJ 07423	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 ▼ 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	640.00
<b>TOTAL</b> This Period (last page this line 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 1214 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Martha Kirkpatrick</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 988 Bluegrass Lane		<b>Transaction ID: 2303447</b>
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Prof. Corp.	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>B. Mr. Roger Kittendorf</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address G-8008 Clio Road		<b>Transaction ID: 2299528</b>
City State Zip Code Mount Morris MI 48458	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C. Ms. Jennie Kixmiller</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1678 8th Avenue		<b>Transaction ID: 2304608</b>
City State Zip Code Brooklyn NY 11215	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer		Occupation REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	835.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Camille S. Klein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2038 Bent Ln		<b>Transaction ID:</b> 2308068
City State Zip Code Delaplane VA 20144	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harris Corp	Occupation Systems Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Irene Kleinberg		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 3901 Cody Road		<b>Transaction ID:</b> 2307138
City State Zip Code Sherman Oaks CA 91403	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Laura B. Klochko		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 140 Benedict Road		<b>Transaction ID:</b> 2302307
City State Zip Code Pittsford NY 14534	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	361.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Kathleen Knight-Abowitz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5 Bull Run Drive		<b>Transaction ID:</b> 2306260	
City State Zip Code Oxford OH 45056	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Patricia M. Kohnen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7303 Ione Court		<b>Transaction ID:</b> 2304164	
City State Zip Code Dublin CA 94568	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Supplier Manager	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>C.</b> Dr. Eileen M Kolman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 946 Arcadia Blvd		<b>Transaction ID:</b> 2303467	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Educator	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Isobel R. Konecky		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 248 East 68th Street		<b>Transaction ID:</b> 2306623
City State Zip Code New York NY 10065	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Producer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joan Konner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address PO Box 676		<b>Transaction ID:</b> 2306765
City State Zip Code Palisades NY 10964	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Columbia University Occupation Dean		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth Kovnat		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 407 Camino del Monte Sol		<b>Transaction ID:</b> 2299638
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UNM Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line 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 1218 / 2072  
(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. Amanda Kowal Kenyon

Mailing Address 6766 108th St Apt C6

City State Zip Code  
Forest Hills NY 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stromberg Consulting Management Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305710

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Betty P. Kowaloff

Mailing Address 1261 Madison Avenue  
3 South

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Interior Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304929

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet L. Kranzberg

Mailing Address 2464 Prince Street

City State Zip Code  
Berkeley CA 94705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed Inventor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306589

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1219 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Marilyn Jane Kreisle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 14450 South Alton Road		<b>Transaction ID:</b> 2304410
City State Zip Code Leavenworth IN 47137	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Ms. Wendy Krispin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1025 N. Stemmons Frwy Ste. 600		<b>Transaction ID:</b> 2303166
City State Zip Code Dallas TX 75207	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Mrs. Julia A. Kriss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5307 Woodland Estat		<b>Transaction ID:</b> 2305383
City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation McEneaney Associates Real Estate Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line 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 1220 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellen B. Kritzman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 10710 SW Cowan Rd		<b>Transaction ID:</b> 2308497	
City State Zip Code Vashon WA 98070	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally R. Kroll		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 2457 Calle Del Oro		<b>Transaction ID:</b> 2301481	
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lynn K. Kroll		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address Parsonage Point		<b>Transaction ID:</b> 2307828	
City State Zip Code Rye NY 10580	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1221 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tina Kroot-Jeffkroot		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 222 Crescent Road		<b>Transaction ID:</b> 2308438	
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Architect	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>B.</b> Ms. Stacey Kruus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 8855 SE 72nd Pl		<b>Transaction ID:</b> 2308737	
City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathryn Kuehl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3400 Sullivan Court Apt.175		<b>Transaction ID:</b> 2304139	
City State Zip Code Modesto CA 95356	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer California Department of Corrections Occupation Personnel Analyst	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line 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 1222 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty Kuhn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 16527 Sambroso Place		<b>Transaction ID:</b> 2300669
City State Zip Code San Diego CA 92128	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. Richard Kuhn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 503 Marshall Avenue		<b>Transaction ID:</b> 2305827
City State Zip Code Rockville MD 20851	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Estelle Kuhn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 60 W 68th Street, Apt 3B		<b>Transaction ID:</b> 2301848
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	535.00
<b>TOTAL</b> This Period (last page this line 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 1223 / 2072
	(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

Mailing Address 60 W 68th Street, Apt 3B

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 ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307392

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Raminder Kumar

Mailing Address 445 E Northwater Street #2505

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of Chicago Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302853

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Connie A Kuncicky

Mailing Address 228 Cedar Ridge Circle

City State Zip Code  
St. Augustine FL 32080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 2308784

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Michele S Kurlander		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 151 N Michigan Ave Apt 1505		<b>Transaction ID:</b> 2303953	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cathryn H. Kurtagh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 15091 Ford Road #503 Bridgeside Road		<b>Transaction ID:</b> 2300006	
City State Zip Code Dearborn MI 48126	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara J. Kurth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 878 Los Robles Avenue		<b>Transaction ID:</b> 2306355	
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Camille Kurtz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 2401 Calvert St NW Apt 902		<b>Transaction ID: 2303451</b>
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Ernie Kyger</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 18102 Windsor Hill Drive		<b>Transaction ID: 2306416</b>
City State Zip Code Olney MD 20832	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation sales	
Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Bernadine M. Lacey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 53 Prospert Bay Drive West		<b>Transaction ID: 2301392</b>
City State Zip Code Grasonville MD 21638	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director	
Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line 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 1226 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bernice Lacks		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1598 Tollhouse Lane		<b>Transaction ID:</b> 2304668	
City State Zip Code Clovis CA 93611	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jill Lafer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1060 Fifth Avenue		<b>Transaction ID:</b> 2307374	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Donald Lafontaine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 3800 Amesbury Road		<b>Transaction ID:</b> 2302184	
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Voice Actor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1227 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Donna Laing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 12 Edith'S Way		<b>Transaction ID:</b> 2304524	
City State Zip Code hastings Hdsn NY 10706		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Kim R Lambert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10929 Yorkspring Dr.		<b>Transaction ID:</b> 2306392	
City State Zip Code Dallas TX 75218		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation None - disabled with MS former paralegal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey C. Lamkin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2963 Hudson Aurora Road		<b>Transaction ID:</b> 2306138	
City State Zip Code Hudson OH 44236		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Ohio Retina Associates Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line 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 1228 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Diana Lancaster		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1032 Hoffman		<b>Transaction ID:</b> 2304046	
City Petoskey	State MI	Zip Code 49770	Amount of Each Receipt this Period 25.00
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>B.</b> Ms. Barbara Lancaster		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 4254		<b>Transaction ID:</b> 2306372	
City Bellingham	State WA	Zip Code 98227	Amount of Each Receipt this Period 33.00
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 ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret Land		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 778 W Bellevue Avenue		<b>Transaction ID:</b> 2306352	
City Porterville	State CA	Zip Code 93257	Amount of Each Receipt this Period 15.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	73.00
<b>TOTAL</b> This Period (last page this line 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 1229 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik W. Landberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1686 Moorings Drive		<b>Transaction ID: 2302941</b>	
City State Zip Code Reston VA 20190	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Frona Landers</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 48 Baylor Drive		<b>Transaction ID: 2305884</b>	
City State Zip Code Longmont CO 80503	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Diane Lander-Simon</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 1919 N. Curson Avenue		<b>Transaction ID: 2303145</b>	
City State Zip Code Los Angeles CA 90046	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation builder Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2130.00
<b>TOTAL</b> This Period (last page this line 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 1230 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth M Landes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 848 Tower Road		<b>Transaction ID:</b> 2308064	
City Winnetka	State IL	Amount of Each Receipt this Period 100.00	
Zip Code 60093		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation homemaker		Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Landis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 508 W. Locust Street		<b>Transaction ID:</b> 2302757	
City Polo	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 61064		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Trisha Lane		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 99 Beachpoint Road		<b>Transaction ID:</b> 2305713	
City Lancaster	State MA	Amount of Each Receipt this Period 25.00	
Zip Code 01523		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Occupation REQUESTED		Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	175.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1231 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Deborah E. Lans</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 525 E 72nd Street, # 37E		<b>Transaction ID: 2300145</b>	
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 Cohen Lans 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>B. Ms. Patricia T. Lapp</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1787 Wolfe Drive		<b>Transaction ID: 2306902</b>	
City State Zip Code San Mateo CA 94402	Amount of Each Receipt this Period 50.00		
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) <b>C. Mrs. Abigail S Laros</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 73-1343 Oneone Place		<b>Transaction ID: 2298804</b>	
City State Zip Code Kailua Kona HI 96740	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1232 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara D. Larsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 7415 Pyramid Place		<b>Transaction ID:</b> 2306811
City State Zip Code Los Angeles CA 90046	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marilyn Kay Larsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 77 Karsten Drive Apt 23D		<b>Transaction ID:</b> 2308033
City State Zip Code Wahiawa HI 96786	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hawaii Dept. of Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation School Social Worker Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. E. Richard Larson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3370 Deronda Drive		<b>Transaction ID:</b> 2304138
City State Zip Code Los Angeles CA 90068	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1233 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Marjorie R Larson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 12310 30th Ave N		<b>Transaction ID:</b> 2305057	
City Plymouth	State MN	Zip Code 55441	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Charles Larson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2545 SW Terwilliger Boulevard Apt. 311		<b>Transaction ID:</b> 2303030	
City Portland	State OR	Zip Code 97201	Amount of Each Receipt this Period 200.00
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 ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Latessa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2 5th Avenue		<b>Transaction ID:</b> 2305785	
City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period 25.00
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1234 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth Lavine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10430 Wilshire Blvd. Apt. 504		<b>Transaction ID:</b> 2306112
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Anna L. Lawson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1575 Catawba Road		<b>Transaction ID:</b> 2308127
City State Zip Code Daleville VA 24083	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Anthropologist	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>C.</b> Ms. Jane E. Lawton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 4202 Maple Terrace		<b>Transaction ID:</b> 2303491
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Montgomery County Occupation Cable TV Telecommunicati	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line 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 1235 / 2072  
(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. Olivia M. Leale

Mailing Address 1233 Shenandoah Drive E.

City State Zip Code  
Seattle WA 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer Inmark Int'l Marketing      Occupation Food Imports

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303454

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jessica L. Ledbetter

Mailing Address 575 State Highway 88

City State Zip Code  
Gardnerville NV 89460

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed      Occupation Agriculture

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306823

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leon M. Lederman

Mailing Address P.O. Box 500

City State Zip Code  
Batavia IL 60510

FEC ID number of contributing federal political committee. **C**

Name of Employer Ill. Inst. Of Tech.      Occupation Professor

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2302062

Amount of Each Receipt this Period  
100.00

**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:	PAGE 1236 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Donna Leet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5809 Woodcreek Ln		<b>Transaction ID:</b> 2305153	
City Middleton	State WI	Zip Code 53562	Amount of Each Receipt this Period 75.00
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carlee Leftwich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 3210		<b>Transaction ID:</b> 2304967	
City Yountville	State CA	Zip Code 94599	Amount of Each Receipt this Period 25.00
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>C.</b> Mrs. Robert Leibowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6 Northwood Lane		<b>Transaction ID:</b> 2302556	
City Boynton Beach	State FL	Zip Code 33436	Amount of Each Receipt this Period 100.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1237 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Priscilla M. Leith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 162 Islington Road		<b>Transaction ID:</b> 2300484	
City State Zip Code Newton MA 02466	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Accountant & Tax Preparer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Monna S. Leitner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1777 Deep Springs Lane		<b>Transaction ID:</b> 2304156	
City State Zip Code Lincoln CA 95648	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Mary C Lellouche		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 18510 66th Avenue Northeast		<b>Transaction ID:</b> 2305660	
City State Zip Code Kenmore WA 98028	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1238 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Adelle Lemon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1063 Cragmont		<b>Transaction ID:</b> 2302881	
City State Zip Code Berkeley CA 94708	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 ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cindy L Lerner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5901 Moss Ranch Road		<b>Transaction ID:</b> 2303455	
City State Zip Code Pinecrest FL 33156	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Consultant/Attorney	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth Lerner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 606 Bulian Lane		<b>Transaction ID:</b> 2302949	
City State Zip Code Austin TX 78746	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1239 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Stacy H Lesartre</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 619 Castle Ridge Court		<b>Transaction ID: 2304966</b>	
City State Zip Code Fort Collins CO 80525	Amount of Each Receipt this Period 32.50		
FEC ID number of contributing federal political committee. C			
Name of Employer FCSO	Occupation Musician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50		

Full Name (Last, First, Middle Initial) <b>B. Mr. Hugh E. Lester</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 501 E Chestnut		<b>Transaction ID: 2306417</b>	
City State Zip Code Mt Vernon OH 43050	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kenyon College	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Catharina D. Lester</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 96 Kendal Drive		<b>Transaction ID: 2302598</b>	
City State Zip Code Oberlin OH 44074	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 ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	162.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1240 / 2072						
	(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) <b>A. Ms. Karen Letterman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 468 Valley Road		<b>Transaction ID: 2305461</b>	
City State Zip Code Fairfield CT 06825	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Marilyn B. Levin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 3250 S. Fort Apache Road Atria Sunlake Apt. 112		<b>Transaction ID: 2300736</b>	
City State Zip Code Las Vegas NV 89117	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Roslyn N. Levine</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 497 Skylark Drive		<b>Transaction ID: 2306677</b>	
City State Zip Code Monroe Twp NJ 08831	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Allan L. Levine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2917 Calle Del Rio NW		<b>Transaction ID:</b> 2304627
City State Zip Code Albuquerque NM 87104	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marcia W. Levine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 2678 Rochester Road		<b>Transaction ID:</b> 2299918
City State Zip Code Shaker Hts. OH 44122	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired- Volunteer Social Worker	Aggregate Year-to-Date ▼ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda Hirst Levine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 6296 Fleecydale Rd Box 234		<b>Transaction ID:</b> 2303450
City State Zip Code Carversville PA 18913	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3020.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Naomi B. Levinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 576 Sand Hill Circle		<b>Transaction ID:</b> 2304153
City State Zip Code Menlo Park CA 94025	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation DESIGNER & JEWELRY SMITH	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>B.</b> Ms. Annemarie Levitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 10 East 82nd Street		<b>Transaction ID:</b> 2308056
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CS KANSAS CITY CORP Occupation Real Estate	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ida Lewenstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1 Baldwin Ave Apt 420		<b>Transaction ID:</b> 2308447
City State Zip Code San Mateo CA 94401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sharon Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 8842 San Badger Way		<b>Transaction ID:</b> 2302343
City Elk Grove	State CA	Zip Code 95624
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lodi USD	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 8842 San Badger Way		<b>Transaction ID:</b> 2306886
City Elk Grove	State CA	Zip Code 95624
Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lodi USD	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Dorothy M. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2427 W. Nellie Sisson Road		<b>Transaction ID:</b> 2304000
City Morgantown	State IN	Zip Code 46160
Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Esther D. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2730 NE 77th Place		<b>Transaction ID:</b> 2302968	
City State Zip Code Portland OR 97213	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Esther D. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 2730 NE 77th Place		<b>Transaction ID:</b> 2307540	
City State Zip Code Portland OR 97213	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marjorie A. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1800 Old Meadow Road Apt. 213		<b>Transaction ID:</b> 2299631	
City State Zip Code McLean VA 22102	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 ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line 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 1245 / 2072  
(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. Marjorie A. Lewis

Mailing Address 1800 Old Meadow Road  
Apt. 213

City State Zip Code  
McLean VA 22102

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308570

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nina Libeskind

Mailing Address 2 Rector Street

City State Zip Code  
New York NY 10006

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 Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300706

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Lieber

Mailing Address 11100 Springmall Rd.

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308313

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 1246 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth Linnick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 2337 Fox Hills Drive		<b>Transaction ID:</b> 2307543	
City State Zip Code Los Angeles CA 90064	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Trudy Lionel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 664 Noe Street		<b>Transaction ID:</b> 2300666	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Genentech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chemist Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leila Lituchy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 20 River Road		<b>Transaction ID:</b> 2307166	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1247 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Louise Litwack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 8547 Olde Mill Circle West Dr		<b>Transaction ID:</b> 2307142	
City State Zip Code Indianapolis IN 46260	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 750.00		
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>B.</b> Ms. Anne T. Lloyd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 71 Edgemont Road		<b>Transaction ID:</b> 2303556	
City State Zip Code Katonah NY 10536	Amount of Each Receipt this Period 34.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 259.00		
Name of Employer unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation social worker		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Linda Locke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6925 Cornell		<b>Transaction ID:</b> 2305647	
City State Zip Code St. Louis MO 63130	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 850.00		
Name of Employer MasterCard International Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Public Relations		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	519.00
<b>TOTAL</b> This Period (last page this line 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 1248 / 2072  
(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. Robert W. Loder

Mailing Address 535 Gradyville Road  
Apt. G104

City State Zip Code  
Newtown Square PA 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** 2301762

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Nies Lohr

Mailing Address 30086 Britt

City State Zip Code  
Chapel Hill NC 27517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RTI Health Analyst

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304436

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eva T. Chernov Lokey

Mailing Address 601 Laurel Avenue  
Apt. 406

City State Zip Code  
San Mateo CA 94401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 2303357

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1249 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jane Long		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 160 W. Park Street		<b>Transaction ID:</b> 2308404	
City State Zip Code Carlisle PA 17013	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lucile S. Longview		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1932 Rhododendron		<b>Transaction ID:</b> 2302372	
City State Zip Code Bellingham WA 98229	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Pamela K. Lopes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1421 N Camino de Juan		<b>Transaction ID:</b> 2308031	
City State Zip Code Tucson AZ 85745	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Software Consultant	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Dorothy Lorenzo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 22 River Road		<b>Transaction ID:</b> 2301404
City Rollinsford	State NH	Zip Code 03869
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Jonathan Lovell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 5056 Cribari Vale		<b>Transaction ID:</b> 2307266
City San Jose	State CA	Zip Code 95135
FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Sophie L. Lovinger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 4 South Held Circle		<b>Transaction ID:</b> 2299604
City Charleston	State SC	Zip Code 29412
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer retired	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1251 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Stephanie Low</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1215 Fifth Ave		<b>Transaction ID: 2309346</b>	
City State Zip Code NY NY 10029	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation arts manager	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>B. Ms. Joanne Lowe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10351 Garden Highway		<b>Transaction ID: 2305937</b>	
City State Zip Code Sacramento CA 95837	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CA Department of Education Occupation Attorney	Aggregate Year-to-Date ▼ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Lowenstein</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1025 Fifth Avenue Penthouse D North		<b>Transaction ID: 2303805</b>	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lowenstein-Yost Asso. Occupation Literary Agent	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	730.00
<b>TOTAL</b> This Period (last page this line 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 1252 / 2072  
(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. Robert S. Lowenthal

Mailing Address 25 Sutton Place South

City State Zip Code  
New York NY 10022

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298968**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra Lubert

Mailing Address 28 Rose Avenue

City State Zip Code  
Great Neck NY 11021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Great Neck Public School 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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2305114**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Arganey L. Lucas, Jr.

Mailing Address 421 Arbor View

City State Zip Code  
Pompton Plns NJ 07444

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2303038**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1253 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Arganey L. Lucas, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 421 Arbor View		<b>Transaction ID:</b> 2307416
City Pompton Plns	State NJ	Zip Code 07444
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 50.00
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>B.</b> Ms. Emily Lucius		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 3529 Lowell Street		<b>Transaction ID:</b> 2307369
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee.	<b>C</b>	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 ▼ 2150.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lucille Lussenden		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 16413 Alpine Drive		<b>Transaction ID:</b> 2300479
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2072
	<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 M. Lussier

Mailing Address 209 Hermlough Road

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Congressional Budget Office  
Occupation Budget Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2303188

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Gypsy Lyle

Mailing Address 5525 N. Grande Avenue

City State Zip Code  
Tucson AZ 85704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self  
Occupation Social Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300643

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Lyman

Mailing Address 163 East 81st, # 8B

City State Zip Code  
NYC NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Metropolitan Museum of Art  
Occupation designer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303966

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1255 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary K. Lynch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1020 Cotorro Ave.		<b>Transaction ID:</b> 2306523
City State Zip Code Coral Gables FL 33146	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	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>B.</b> Ms. Elspeth Anne Mac Hattie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1200 Humboldt Street Apt. 506		<b>Transaction ID:</b> 2302734
City State Zip Code Denver CO 80218	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Editor	Aggregate Year-to-Date ▼ 215.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan T. Macfarlan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1408 Sunshine Canyon		<b>Transaction ID:</b> 2299605
City State Zip Code Boulder CO 80302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	765.00
<b>TOTAL</b> This Period (last page this line 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 1256 / 2072
	(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. Margaret H. MacGillivray

Mailing Address 16 Soldiers Place

City State Zip Code  
Buffalo NY 14222

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  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307337

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Mackay

Mailing Address PO Box707

City State Zip Code  
Wayveta MN 55391

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302962

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Norma Macklin

Mailing Address 9 Fairwood Blvd.

City State Zip Code  
Pleasant Ridge MI 48069

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305531

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Maria Susan MacLean</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 8 Stanley Oval		<b>Transaction ID: 2303493</b>	
City State Zip Code Westfield NJ 07090		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation American Express Marketing Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. C. Richard MacNair</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 23791 Perth Bay		<b>Transaction ID: 2301360</b>	
City State Zip Code Dana Point CA 92629		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Leigh W. MacQueen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 8358 Laird Circle		<b>Transaction ID: 2306945</b>	
City State Zip Code Germantown TN 38139		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1258 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Prof. Thomas A. Madden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 9130 Kedvale Avenue		<b>Transaction ID:</b> 2307867	
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 3300.00		
Name of Employer Occupation 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>B.</b> Ms. Margaret C. Madeira		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 226 Joseph's Way		<b>Transaction ID:</b> 2308179	
City State Zip Code Frazer PA 19355	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 800.00		
Name of Employer Occupation Unisys Corp. Customer Service	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Peggy Magee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P. O. Box 1036		<b>Transaction ID:</b> 2300730	
City State Zip Code Upper Marlboro MD 20773	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 300.00		
Name of Employer Occupation Clerk of the Circuit Court Clerk of the Circuit Court	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1259 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Lois M. Maggenti		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 23500 Cristo Rey Drive Unit 303E		<b>Transaction ID:</b> 2303655
City State Zip Code Cupertino CA 95014	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lesley R. Mahaffey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1013 N. Mountain View Place		<b>Transaction ID:</b> 2299271
City State Zip Code Fullerton CA 92831	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Meredith Mainquist		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 12695 Aida Street		<b>Transaction ID:</b> 2306271
City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Sun Microsystems Sales	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line 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 1260 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Jan E Maisel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 150 Hacienda Dr.		<b>Transaction ID: 2302771</b>	
City Tiburon	State CA	Zip Code 94920	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rowe, Maisel, Heath, & Harvey Inc.	Occupation Pediatrician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas N. Makris</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1180 Winnemucca Avenue		<b>Transaction ID: 2307160</b>	
City S Lake Tahoe	State CA	Zip Code 96150	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pillsbury Winthrop	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Judi R. Male</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 3511 Bayshore Villas Dr		<b>Transaction ID: 2307140</b>	
City Miami	State FL	Zip Code 33133	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Interior Design		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1261 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ann Malester		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 5432 30th Place, N.W.		<b>Transaction ID:</b> 2303159	
City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Weil, Gotshal & Manges LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Candice Bergen Malle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 222 Central Park S.		<b>Transaction ID:</b> 2308584	
City State Zip Code New York NY 10019	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 ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith C. Malott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1382 Newtown Langhorne Rd # N101		<b>Transaction ID:</b> 2301282	
City State Zip Code Newtown PA 18940	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 ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Anita J. Mancini		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 110 Berlin Road		<b>Transaction ID:</b> 2300453	
City State Zip Code Gibbsboro NJ 08026	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Voorhees Twp. Board of Education	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Caroline Mangelsdorf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7140 Ljubljana Place		<b>Transaction ID:</b> 2305714	
City State Zip Code Dulles VA 20189	Amount of Each Receipt this Period 32.50		
FEC ID number of contributing federal political committee. C			
Name of Employer US Department of State	Occupation Diplomat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C.</b> C. D. Manwaring		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 460 N. Franklin Street Apt. 205		<b>Transaction ID:</b> 2301478	
City State Zip Code Syracuse NY 13204	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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	332.50
<b>TOTAL</b> This Period (last page this line 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 1263 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William Marchiondo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 315 Fifth Street NW		<b>Transaction ID:</b> 2299489	
City State Zip Code Albuquerque NM 87102	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Marchiondo Law Office	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marian Marill		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 142 Brattle Street		<b>Transaction ID:</b> 2299657	
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 100.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathleen Markey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 367		<b>Transaction ID:</b> 2303155	
City State Zip Code Cheyenne WY 82003	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 ▼ 1050.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1264 / 2072  
(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. Diane Markman

Mailing Address 2216 Ken Oak Rd.

City State Zip Code  
Baltimore MD 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303985

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Petra A. Marquart

Mailing Address 18523 Covington Rd

City State Zip Code  
Minnetonka MN 55345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hennepin Technical College Trainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302723

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Merideth Marschak

Mailing Address 5853 Virmar Avenue

City State Zip Code  
Oakland CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Finger, Moy Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307719

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **102.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Carol L. Marshall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8409 N. 17th Street		<b>Transaction ID:</b> 2305392
City Phoenix	State AZ	Zip Code 85020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Hermine H. Marshall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 27 Norwood Ave.		<b>Transaction ID:</b> 2307526
City Kensington	State CA	Zip Code 94707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SFSU	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David B. Martens		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 1810		<b>Transaction ID:</b> 2304659
City Anacortes	State WA	Zip Code 98221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Buckner News Alliance	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	321.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Nancy C. Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2706 Belknap Beach		<b>Transaction ID: 2304606</b>	
City Prospect      State KY      Zip Code 40059	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Louisville	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret E. Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 10450 Lottsford Road #4009		<b>Transaction ID: 2301394</b>	
City Mitchellville      State MD      Zip Code 20721	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2850.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Margaret E. Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 10450 Lottsford Road #4009		<b>Transaction ID: 2307506</b>	
City Mitchellville      State MD      Zip Code 20721	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Linda L. Martin

Mailing Address 5475 Wingborne Court

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SSA Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** 2307512

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tina Rose Martin

Mailing Address 2510 Stirrup Drive

City State Zip Code  
Florissant MO 63033

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306733

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan W. Masland

Mailing Address 1430 E. Hermitage Rd.

City State Zip Code  
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UW System retired professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306517

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line 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 1268 / 2072  
(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. Robert L. Mason

Mailing Address 1415 Broadway N. Apt. 202

City State Zip Code  
Fargo ND 58102

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  
10 / 17 / 2007

**Transaction ID: 2304073**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandra Mast

Mailing Address 8229 Wynne Avenue

City State Zip Code  
Reseda CA 91335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LAUSD Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2306073**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Terry M. Masters

Mailing Address 855 Wilcoxson Avenue

City State Zip Code  
Stratford CT 06614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Misys Healthcare Systems sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2305754**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1269 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Blythe S. Masters</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 150 Reade Street		<b>Transaction ID: 2300623</b>	
City State Zip Code New York NY 10013	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) <b>B. Mrs. Kathleen J. Matheson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5966 Omega Street		<b>Transaction ID: 2306191</b>	
City State Zip Code Riverside CA 92506	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Network Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Warren E Mathews</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1010 Centinela Ave		<b>Transaction ID: 2301379</b>	
City State Zip Code Santa Monica CA 90403	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 ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5525.00
<b>TOTAL</b> 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 1270 / 2072  
(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. Marilyn C. Mathews

Mailing Address 3255 Villa Lane Apt 214

City State Zip Code  
Napa CA 94558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308562

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Antonia Matthew

Mailing Address 1307 S. Grant Street

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304985

Amount of Each Receipt this Period  
21.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Allison Matthews

Mailing Address 1335 NW Deane St Ap

City State Zip Code  
Pullman WA 99163

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305849

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **301.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott Mauvais</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1157 Rainier Ave		<b>Transaction ID: 2305998</b>	
City State Zip Code Pacifica CA 94044	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MSFT Occupation analyst	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>B. Ms. Tracy Maxwell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 2444		<b>Transaction ID: 2304189</b>	
City State Zip Code Hobe Sound FL 33475	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Delta Airlines Occupation Flight Attendant	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>C. Ms. Victoria May</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 246 Avenue of Barons		<b>Transaction ID: 2307348</b>	
City State Zip Code Nokomis FL 34275	Amount of Each Receipt this Period 100.00		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line 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 / 2072  
(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. George W. Mayeske

Mailing Address 12524 Knowledge Lane

City State Zip Code  
Bowie MD 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2303031**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George W. Mayeske

Mailing Address 12524 Knowledge Lane

City State Zip Code  
Bowie MD 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID: 2307527**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla Maynard

Mailing Address 600 Manatee Avenue, Apt. 107

City State Zip Code  
Holmes Beach FL 34217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301409**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1273 / 2072
	(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"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alexa Mayner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 200 7th Ave S		<b>Transaction ID:</b> 2303968	
City State Zip Code Clear Lake IA 50428	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Kathleen R. McCabe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3580 SW 70th Avenue		<b>Transaction ID:</b> 2306312	
City State Zip Code Portland OR 97225	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Louise H. McCagg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 32 Washington Square West #11W		<b>Transaction ID:</b> 2300825	
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sculptor Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1274 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan W. McCalmont</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 45 Bluff Road		<b>Transaction ID: 2307127</b>	
City State Zip Code Barrington RI 02806	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Ms. Elisa McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 218 Auburn Road		<b>Transaction ID: 2303982</b>	
City State Zip Code W. Hartford CT 06119	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Margaret McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3326 Alpine Drive		<b>Transaction ID: 2304045</b>	
City State Zip Code Ann Arbor MI 48108	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 640.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1275 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Marianna McClanahan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 617 W. Malvern Avenue		<b>Transaction ID: 2308379</b>	
City State Zip Code Fullerton CA 92832		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation YWCA of North Orange Co Youth Employment Direct			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. S. Michael D. McColloch</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1601 Elm Street # 2000		<b>Transaction ID: 2306203</b>	
City State Zip Code Dallas TX 75201		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Katheryne McCormick</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 115 Monroe Street		<b>Transaction ID: 2307559</b>	
City State Zip Code Bridgewater NJ 08807		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line 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 1276 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jean McCoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 4100 Well Spring Drive Apt. 2306		<b>Transaction ID:</b> 2302088	
City Greensboro	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 27410		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jean McCoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4100 Well Spring Drive Apt. 2306		<b>Transaction ID:</b> 2306740	
City Greensboro	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 27410		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lyn McCoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 2631 N. Roosevelt Street		<b>Transaction ID:</b> 2299977	
City Arlington	State VA	Amount of Each Receipt this Period 250.00	
Zip Code 22207		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	450.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1277 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Theresa P. McCoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 10200 W Bluemound Rd Apt 712		<b>Transaction ID:</b> 2302369	
City State Zip Code Milwaukee WI 53226	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Melinda McCune		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1315 N Spaulding Ave		<b>Transaction ID:</b> 2304050	
City State Zip Code Los Angeles CA 90046	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Property Management Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Virginia McCune		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 353 Savage Farm Dr		<b>Transaction ID:</b> 2308172	
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	485.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1278 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kristin McCurry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1700 N Jefferson St		<b>Transaction ID:</b> 2305116
City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MINDset direct	Occupation 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>B.</b> Ms. Frances McDonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 23500 Cristo Rey Drive Unit 212C		<b>Transaction ID:</b> 2303533
City State Zip Code Cupertino CA 95014	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Polly McDonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1107 Arcadia Avenue		<b>Transaction ID:</b> 2305099
City State Zip Code Austin TX 78757	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Railroad Commission TX	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line 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 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. E. McDougall</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 327 La Cuesta Drive		<b>Transaction ID: 2305786</b>
City State Zip Code Menlo Park CA 94028	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Suzanne R McDowell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 4821 Ft .Sumner Drive		<b>Transaction ID: 2301865</b>
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Sally Blumenthal McGannon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 823 Cathedral Drive		<b>Transaction ID: 2308558</b>
City State Zip Code Aptos CA 95003	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Gretchen F McGinley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 803 Annan Terrace		<b>Transaction ID: 2305105</b>	
City State Zip Code Los Angeles CA 90042		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer County of Los Angeles		Occupation Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Katie E. McGrath</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4301 Lake Washington Blvd NE		<b>Transaction ID: 2306140</b>	
City State Zip Code Kirkland WA 98033		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Microsoft Corp		Occupation Content Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Janet S. McGuire</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 210 Clubside Drive		<b>Transaction ID: 2305071</b>	
City State Zip Code Coraopolis PA 15108		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1281 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia A. McKay</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 11878 Eden Trail		<b>Transaction ID: 2299325</b>
City State Zip Code Eagle MI 48822	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MI state employee Occupation Environmental 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>B. Dr. Dolores McKellar</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 4025 Meadow Lake Lane		<b>Transaction ID: 2308016</b>
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St John's Schl 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) <b>C. Ms. Martha McKeon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 107 Marlin Drive		<b>Transaction ID: 2302304</b>
City State Zip Code Kitty Hawk NC 27949	Amount of Each Receipt this Period 100.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1282 / 2072
	<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. Laurel McLaughlin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address Box 70019		Transaction ID: 2304242	
City State Zip Code Fairbanks AK 99707	Amount of Each Receipt this Period 30.00		
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 210.00		

B. Full Name (Last, First, Middle Initial) Ms. Margaret Al McLellan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 77 Chestnut Street		Transaction ID: 2302789	
City State Zip Code Weston MA 02493	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 Homemaker Aggregate Year-to-Date 350.00		

C. Full Name (Last, First, Middle Initial) Ms. Martha H. McMahon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 65304		Transaction ID: 2305871	
City State Zip Code Port Ludlow WA 98365	Amount of Each Receipt this Period 53.00		
FEC ID number of contributing federal political committee. C			
Name of Employer IBM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Contact Mgr Aggregate Year-to-Date 530.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	183.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1283 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Oneta T. McMann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 2201 Red Bridge Terrace		<b>Transaction ID:</b> 2302163	
City State Zip Code Kansas City MO 64131	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Children's Mercy Hospital	Occupation Social worker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Belle Miller McMaster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4 Downshire Lane		<b>Transaction ID:</b> 2306728	
City State Zip Code Atlanta GA 30033	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Emory University	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary B. McMillan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 2925 Lincoln Drive #713		<b>Transaction ID:</b> 2308696	
City State Zip Code Roseville MN 55113	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1284 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Allison McMillan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 101 Gideon Lawton Lane		<b>Transaction ID:</b> 2303488	
City State Zip Code Portsmouth RI 02871	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Providence Singers, Inc.	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Shirley M. McNally		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 110 Ames St Unit 5		<b>Transaction ID:</b> 2304267	
City State Zip Code Elk Rapids MI 49629	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet McNamara		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 40117 Newport Drive		<b>Transaction ID:</b> 2308070	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1285 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Jettie M. McWilliams</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1013 Morrisey Court		<b>Transaction ID: 2308019</b>
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Mr. Eugene L Meade</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address Waldeslust, 16000 Fern Way		<b>Transaction ID: 2304183</b>
City State Zip Code Guerneville CA 95446	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
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>C. Mrs. Florence Meagher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 2235 E Falcon Vista Dr		<b>Transaction ID: 2301444</b>
City State Zip Code Green Valley AZ 85614	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line 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 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Florence Meagher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2235 E Falcon Vista Dr		<b>Transaction ID: 2308541</b>	
City State Zip Code Green Valley AZ 85614	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 ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Diane Jones Meier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 307 S. Coulter		<b>Transaction ID: 2306913</b>	
City State Zip Code Bryan TX 77803	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Bryant College Hab. for Humanity Volunteer Coordinator	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Wayne R. Melchior</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 28325 Pinehurst		<b>Transaction ID: 2308047</b>	
City State Zip Code Roseville MI 48066	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CVS Pharmacist	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1287 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol Mendenhall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 6703 E. Sugarloaf Street		<b>Transaction ID:</b> 2301235	
City State Zip Code Mesa AZ 85215		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Menin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 150 Columbus Avenue, # 8A		<b>Transaction ID:</b> 2302749	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Jacobson Properties Real Estate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Steven Mercado		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1628 Peapond Road		<b>Transaction ID:</b> 2305436	
City State Zip Code North Bellmore NY 11710		Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	131.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1288 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Charles Merrill		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 5 Chestnut Street		<b>Transaction ID:</b> 2300420	
City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann Merrill		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 100 Old Polly Drummond Road		<b>Transaction ID:</b> 2305758	
City State Zip Code Newark DE 19711	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Mr. Charles Merrill, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 5 Chestnut Street		<b>Transaction ID:</b> 2306959	
City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 110.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1289 / 2072
	(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. Frances M Merryman

Mailing Address 3450 E. Sunrise Drive  
Suite 100

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust, NA Occupation Wealth Strategist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2301953

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sheila Messina

Mailing Address 5272 Meridian Avenue

City San Jose State CA Zip Code 95118

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304909

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John C. Mettler

Mailing Address 1 Bishop Gadsden Wa

City Charleston State SC Zip Code 29412

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  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308427

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1290 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bernie D. Metz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address RD2 279a McCoy Rd		<b>Transaction ID:</b> 2302375	
City State Zip Code Valley Grove WV 26060	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Center Valley Federal CU	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Melodee Metzger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 3120 Beaumont Woods Place		<b>Transaction ID:</b> 2301447	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Melodee Metzger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 3120 Beaumont Woods Place		<b>Transaction ID:</b> 2301490	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 / 2072  
(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. Phyllis K. Metzler

Mailing Address 9512 Mesa Arriba Ct NE

City State Zip Code  
Albuquerque NM 87111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Occupation REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299590**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Colette Meunier

Mailing Address 564 Sandy Way

City State Zip Code  
Benicia CA 94510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Alameda Land Use Planner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID: 2308146**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ellen S. Meyer

Mailing Address 2201 Gilpin Avenue

City State Zip Code  
Wilmington DE 19806

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) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2304032**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

**TOTAL** This Period (last page this line 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 1292 / 2072  
(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. Mary Jane Meyer

Mailing Address 4430 Exeter Drive #306M

City State Zip Code  
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301041

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Beatrice N. Meyers

Mailing Address 3634 Nettle Creek Court

City State Zip Code  
Holiday FL 34691

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304578

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Loretta Michaelcheck

Mailing Address 65 Central Pk W # 12E

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
feng shui consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304390

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1293 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Frank I. Michelman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address Harvard Law School		<b>Transaction ID:</b> 2307486
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harvard University	Occupation Law Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pat Michelsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 6528 Charles Street		<b>Transaction ID:</b> 2306838
City State Zip Code Rockford IL 61108	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gretchen Mieszkowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 4023 Manorfield Drive		<b>Transaction ID:</b> 2307515
City State Zip Code Seabrook TX 77586	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Univ. Of Houston	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line 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 1294 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Joyce A. Mihanovich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 4338 Marl Way		<b>Transaction ID:</b> 2303639
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Emily Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5750 E Lucia Walk		<b>Transaction ID:</b> 2305579
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Cal.State.Univ. Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Emily Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5750 E Lucia Walk		<b>Transaction ID:</b> 2305580
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Cal.State.Univ. Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line 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 1295 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Luana S Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 142 Maywood Way		<b>Transaction ID:</b> 2303253	
City State Zip Code San Rafael CA 94901		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 6023 E. 52nd Place		<b>Transaction ID:</b> 2303483	
City State Zip Code Indianapolis IN 46226		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Tina L. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2229 N. Stoneybrook Court		<b>Transaction ID:</b> 2302908	
City State Zip Code Wichita KS 67226		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation FAA Aerospace Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1296 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1939 Buffalo Creek Road		<b>Transaction ID:</b> 2306019
City State Zip Code Lake Lure NC 28746	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Alison H. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 41 Windsor Drive		<b>Transaction ID:</b> 2306592
City State Zip Code Princeton Jct. NJ 08550	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Council Member	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Concetta B. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 137 E. 36th Street # 26K		<b>Transaction ID:</b> 2301760
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation HR EXEC	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	371.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1297 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Selma G. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 50 Sutton Place S Apt. 21F		<b>Transaction ID:</b> 2308499
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 Self-Employed Occupation Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Caryle Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 8132 Keeler Street		<b>Transaction ID:</b> 2301767
City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DOE Occupation Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Susan Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 12718 Sawdust Drive		<b>Transaction ID:</b> 2306875
City State Zip Code Glen Allen VA 23059	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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1298 / 2072
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Jamie R Mills		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 31 Campau Circle NW		<b>Transaction ID:</b> 2303452
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mills & Motley LLC	Occupation Partner Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Helen V. Milner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 743 Cherry Valley Rd		<b>Transaction ID:</b> 2308698
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Columbia 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>C.</b> Ms. Eleanore Milosovic		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 213 N Main Street		<b>Transaction ID:</b> 2305659
City State Zip Code New City NY 10956	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1299 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rachel Minkoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3060 Independence Avenue		<b>Transaction ID:</b> 2304204	
City State Zip Code Bronx NY 10463	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ziff Davis Pub. Co.	Occupation Publishing Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cynthia A Miscikowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 396 Fordyce Road		<b>Transaction ID:</b> 2300913	
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 4500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Mr. John Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1800 Riverside Drive Apt. 2312		<b>Transaction ID:</b> 2300323	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5050.00
<b>TOTAL</b> This Period (last page this line 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 1300 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Betty Mitsunaga</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2625 E. Southern Ave C-196		<b>Transaction ID: 2308394</b>	
City State Zip Code Tempe AZ 85282		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Hardye Simons Moel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 2037 N Cleveland Ave		<b>Transaction ID: 2303308</b>	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Clinical Social Work			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Joan A. Mondale</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2116 Irving Avenue S.		<b>Transaction ID: 2302865</b>	
City State Zip Code Minneapolis MN 55405		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation self Arts Advocate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<b>TOTAL</b> This Period (last page this line 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 1301 / 2072
	(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)  
Mrs. Mildred Monsen

Mailing Address 10634 Wakefield St.

City State Zip Code  
Westchester IL 60154

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299650**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beth Montelone

Mailing Address 730 Ridgewood Drive Apt. A

City State Zip Code  
Manhattan KS 66502

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  
1 0 / 2 2 / 2 0 0 7

**Transaction ID: 2303770**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn Monter

Mailing Address 421 Berry Hill Road

City State Zip Code  
Syosset NY 11791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Holiday Management Associates, Inc. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID: 2303840**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1302 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Elizabeth M. Montgomery</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 26 Union Avenue		<b>Transaction ID: 2305428</b>	
City State Zip Code Norwalk CT 06851	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Dr. Kathleen D. Moody</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 6 The Boulevard		<b>Transaction ID: 2308022</b>	
City State Zip Code Newtown CT 06470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Veterinarian	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne C Moore</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 29 Surrey Lane		<b>Transaction ID: 2304226</b>	
City State Zip Code San Rafael CA 94903	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self/Moore Consulting Occupation Consultant	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1303 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karen J Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7	
Mailing Address 601 Eagles Wing Ct.		<b>Transaction ID:</b> 2300179	
City State Zip Code Linthicum Heights MD 21090	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sinai Hospital	Occupation Certified Coding Spec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Karen J Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 601 Eagles Wing Ct.		<b>Transaction ID:</b> 2308785	
City State Zip Code Linthicum Heights MD 21090	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sinai Hospital	Occupation Certified Coding Spec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Jeanne Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 12 Somer Drive		<b>Transaction ID:</b> 2302932	
City State Zip Code Somerville NJ 08876	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Borough of Somerville, NJ	Occupation Borough Councilwoman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1304 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret D. Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 7771 57th Avenue, NE		<b>Transaction ID:</b> 2302903
City State Zip Code Seattle WA 98115	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chiron Corp.	Occupation Molecular Biologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Margaret D. Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 7771 57th Avenue, NE		<b>Transaction ID:</b> 2308388
City State Zip Code Seattle WA 98115	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chiron Corp.	Occupation Molecular Biologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Diana L Morabito		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1976 Abinante Lane		<b>Transaction ID:</b> 2304175
City State Zip Code San Jose CA 95124	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Siemens	Occupation Software Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1305 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hannah Morehouse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 41 Crescent St		<b>Transaction ID:</b> 2305655
City Northampton	State MA	Zip Code 01060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Victoria Morris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 300 Mt. Holly Road		<b>Transaction ID:</b> 2299561
City Katonah	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Wardrobe 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>C.</b> Mrs. Mary Louise Morrison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 525 Moraga Ave		<b>Transaction ID:</b> 2307407
City Piedmont	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> 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 1306 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helen C Morrison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 2959 Burnside Road		<b>Transaction ID:</b> 2303277
City State Zip Code Sebastopol CA 95472	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer retired	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>B.</b> Ms. Marie Morrison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 8839 Holme Drive		<b>Transaction ID:</b> 2306957
City State Zip Code Philadelphia PA 19136	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Margaret S. Morrow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 3200 La Rotonda Drive Unit 218		<b>Transaction ID:</b> 2299645
City State Zip Code Rancho Palos Verde CA 90275	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2775.00
<b>TOTAL</b> This Period (last page this line 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 1307 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eleanor E. Morton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 11151 Black Oak Road		<b>Transaction ID:</b> 2307707
City State Zip Code Moreno Valley CA 92555	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation housewife	
	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Gloria Moss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1535 Harbor Place		<b>Transaction ID:</b> 2302880
City State Zip Code Sarasota FL 34239	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	
	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Katharine B. Mountcastle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 37 Oenoke Lane		<b>Transaction ID:</b> 2298814
City State Zip Code New Canaan CT 06840	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	
	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1308 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Kenneth Mountcastle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 37 Oenoke Lane		<b>Transaction ID:</b> 2299692	
City State Zip Code New Canaan CT 06840	Amount of Each Receipt this Period 4000.00		
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>B.</b> Mr. Richard Moyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 14 Manchester Court		<b>Transaction ID:</b> 2303660	
City State Zip Code Berwyn PA 19312	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 ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Muellenbach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 135		<b>Transaction ID:</b> 2305096	
City State Zip Code Stockbridge WI 53088	Amount of Each Receipt this Period 30.00		
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1309 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Carol Ashok C Mukhopadhyay		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 30 Westpoint Place		<b>Transaction ID:</b> 2299917	
City State Zip Code San Mateo CA 94402	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer San Jose State University	Occupation anthropologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia A Mullen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5331 Irving Ave S		<b>Transaction ID:</b> 2303726	
City State Zip Code Minneapolis MN 55419	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Mr. Mike Murdock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3619 Westview Dr # 1		<b>Transaction ID:</b> 2305330	
City State Zip Code San Jose CA 95148	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Teacher/ Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line 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 1310 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Catherine Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 2732 Heyward Street		<b>Transaction ID: 2306877</b>	
City State Zip Code Columbia SC 29205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U of SC	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Ann D. Murray</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1731 Humboldt Street		<b>Transaction ID: 2308730</b>	
City State Zip Code Manhattan KS 66502	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kansas State University	Occupation Associate 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>C. Ms. Terri L. Murtland</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7250 Park Lake Dr..		<b>Transaction ID: 2304389</b>	
City State Zip Code Dexter MI 48130	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Michigan	Occupation Nurse-Midwife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1311 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Heather L Mutz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1076 Dyer Place		<b>Transaction ID:</b> 2306399	
City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Consultant/Coach		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nina Myatt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1433 Glen View Road		<b>Transaction ID:</b> 2302314	
City State Zip Code Yellow Spgs OH 45387	Amount of Each Receipt this Period 75.00		
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 ▼ 215.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Myers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 99 Brackett Street, Apt. 739		<b>Transaction ID:</b> 2303879	
City State Zip Code Quincy MA 02169	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	675.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1312 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda A. Nadell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 75 E Calle Resplendor		<b>Transaction ID:</b> 2307137	
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anna A Narbutovskih		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 14288 Woodland Drive		<b>Transaction ID:</b> 2308624	
City State Zip Code Guerneville CA 95446	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Software Engineer Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Naughton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 573 Greenwood Avenue		<b>Transaction ID:</b> 2305440	
City State Zip Code Atlanta GA 30308	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	171.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1313 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Judith Neisser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 132 E. Delaware Place Apt. 6201		<b>Transaction ID:</b> 2307714	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Martha R. Nelson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 11617 Carrollwood Drive		<b>Transaction ID:</b> 2308554	
City State Zip Code Tampa FL 33618	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Mr. Donald Nelson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1018 Grovewood Lane		<b>Transaction ID:</b> 2307885	
City State Zip Code Houston TX 77008	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1314 / 2072  
(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. Cheryl Nesler

Mailing Address 78-6835 Keaupuni St

City State Zip Code  
Kailua Kona HI 96740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306374

Amount of Each Receipt this Period  
65.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Ness

Mailing Address 2515 Caminito Muirfield

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 ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307129

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward J Newcombe

Mailing Address 25 Old Meetinghouse Rd

City State Zip Code  
Auburn MA 01501

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300434

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.00**

**TOTAL** This Period (last page this line 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 1315 / 2072						
	(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) <b>A.</b> Mr. Edward J Newcombe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 25 Old Meetinghouse Rd		<b>Transaction ID:</b> 2307884	
City State Zip Code Auburn MA 01501	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Attorney	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>B.</b> Mr. Richard W. Newman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2508 W Crown King Dr		<b>Transaction ID:</b> 2304622	
City State Zip Code Tucson AZ 85741	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara Newman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 20 Quickstep Lane Apt. 1		<b>Transaction ID:</b> 2306797	
City State Zip Code San Francisco CA 94115	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	630.00
<b>TOTAL</b> This Period (last page this line 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 1316 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Eleanor Newman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 137 Forest Avenue		<b>Transaction ID: 2303335</b>
City State Zip Code Santa Cruz CA 95062	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Ms. Joyce Newman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1212 Santona Street		<b>Transaction ID: 2307372</b>
City State Zip Code Miami FL 33146	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 405.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert S. Newton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 639 Cypress Point Road		<b>Transaction ID: 2306860</b>
City State Zip Code Richmond CA 94801	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1317 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda Laureen Nicholes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6261 East Fox Glen Drive 4070		<b>Transaction ID:</b> 2304372	
City State Zip Code Anaheim CA 92807	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Environmental Activist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James A. Nicholls		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 630 Lans Way		<b>Transaction ID:</b> 2301285	
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
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>C.</b> Ms. Sara Ru Nichols		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1824 Old Ranch Road		<b>Transaction ID:</b> 2306505	
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1318 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth Nicholson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2108 Meghan Court		<b>Transaction ID:</b> 2303549
City State Zip Code Crofton MD 21114	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nonprofit Finance Fund	Occupation program director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Stephanie Nicodemus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2074 Whitings Neck Rd.		<b>Transaction ID:</b> 2303066
City State Zip Code Martinsburg WV 25404	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Shenandoah Womens' Health	Occupation certified nurse-midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet A. Nielsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2717 Hollister Hill Road		<b>Transaction ID:</b> 2304071
City State Zip Code Mansfield VT 05658	Amount of Each Receipt this Period 40.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line 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 1319 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Naomi Nierenberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 24 Beverly Avenue		<b>Transaction ID: 2299680</b>	
City Somerset	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08873		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
Name of Employer RVFS	Occupation Manager	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	Amount of Each Receipt this Period 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Keith E. Nighenhelser</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4235 West 300 South		<b>Transaction ID: 2305133</b>	
City Greencastle	State IN	Amount of Each Receipt this Period 85.00	
Zip Code 46135		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00	
Name of Employer DePauw University	Occupation Teacher	Amount of Each Receipt this Period 85.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	Amount of Each Receipt this Period 85.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Isabel I Nirenberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 6 Oak Drive		<b>Transaction ID: 2306716</b>	
City Albany	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 12203		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation Retired	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	435.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1320 / 2072
	(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. D. Nolan

Mailing Address Alameda County  
3940 Randolph Avenue

City State Zip Code  
Oakland CA 94602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Contra Costa Lawyer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304084

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Nordgren

Mailing Address 6 Ryan Way

City State Zip Code  
Durham NH 03824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308044

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joyce D. Nordquist

Mailing Address P O Box 66271

City State Zip Code  
Scotts Valley CA 95067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305446

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.00</b>
<b>TOTAL</b> This Period (last page this line 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 1321 / 2072  
(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. Loretta M. Norris

Mailing Address 11812 Gorham Avenue  
Apt. 301

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer San Francisco Occupation Court Commissioner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306674

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann North

Mailing Address P.O. Box 5913

City State Zip Code  
Madison TN 37116

FEC ID number of contributing federal political committee. **C**

Name of Employer Davidson County, TN Occupation Tax Assessor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2301936

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary Beth B Norton

Mailing Address 159 Remington Rd

City State Zip Code  
Ithaca NY 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Cornell University Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2301931

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1322 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dianne Norwood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 18860 NW Rock Creek Cir # 337		<b>Transaction ID:</b> 2301238	
City State Zip Code Portland OR 97229	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lockhead Martin	Occupation Systems Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Christine L. Nottingham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1707 Woodview Lane		<b>Transaction ID:</b> 2302910	
City State Zip Code Anderson IN 46011	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allman & Company	Occupation Accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Ann B. Oakley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2224 Kodiak Drive, N.E.		<b>Transaction ID:</b> 2302851	
City State Zip Code Atlanta GA 30345	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Holland & Knight LLP	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1323 / 2072
	<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) <b>A.</b> Ms. Barbara Oceanlight		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3373 St. Michael Drive		<b>Transaction ID:</b> 2305648	
City State Zip Code Palo Alto CA 94306		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Family & Children Services		Occupation Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael O'Connor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 649 E. 14th Street, Apt. 2C		<b>Transaction ID:</b> 2308248	
City State Zip Code New York NY 10009		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leslie Oelsner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1451 N. Canterbury Road		<b>Transaction ID:</b> 2304871	
City State Zip Code Fayetteville AR 72701		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1324 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marsha Oldakowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 27A Tierra Adentro		<b>Transaction ID:</b> 2305984	
City State Zip Code Santa Fe NM 87508	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B.</b> Ken Olin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 401 25th Street		<b>Transaction ID:</b> 2307467	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Joyce Olin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 212 Norwood Road		<b>Transaction ID:</b> 2300335	
City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1325 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sylvia B Olivetti		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1917 Locust Grove Road		<b>Transaction ID:</b> 2303959	
City State Zip Code Silver Spring MD 20910		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Arent Fox Legal Secretary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marilyn S. O'Neil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 7225 Creekside Drive		<b>Transaction ID:</b> 2307491	
City State Zip Code Lansing MI 48917		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Rita O'Neill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1401 Cooper Beech Run		<b>Transaction ID:</b> 2308062	
City State Zip Code Fort Wayne IN 46814		Amount of Each Receipt this Period 208.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	558.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1326 / 2072
	<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 Orourke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 20 Artisan Way		Transaction ID: 2306174
City Manlius	State NY	Zip Code 13104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Janice W O'Rourke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 11211 Lake Louisa Rd		Transaction ID: 2301945
City Clermont	State FL	Zip Code 34711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bank of America	Occupation Business Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Ms. Christine J. Oster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 4 Guadalupe Drive		Transaction ID: 2300351
City El Dorado Hills	State CA	Zip Code 95762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Intel Corp	Occupation Human Resource Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	385.00
<b>TOTAL</b> This Period (last page this line 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 1327 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lynda T O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 8212 Coach Street		<b>Transaction ID:</b> 2301944	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Air Force	Occupation lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Ernesto R. Otero		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 3839 Sebren Avenue		<b>Transaction ID:</b> 2307325	
City State Zip Code Long Beach CA 90808	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Constance S. Otis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 7 Crocus Hill		<b>Transaction ID:</b> 2306963	
City State Zip Code Saint Paul MN 55102	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1328 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carla L. Overberger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 37 Nokomis Avenue		<b>Transaction ID:</b> 2305147	
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ACME Business Corp	Occupation Business Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Alyssa Glass Owara		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 1063 Oleander Court		<b>Transaction ID:</b> 2299377	
City State Zip Code Synnydale CA 94086	Amount of Each Receipt this Period 360.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SRI International	Occupation Computer Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Mary Lou Owen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1624 NW Buttonbush Cir.		<b>Transaction ID:</b> 2306524	
City State Zip Code Palm City FL 34990	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	695.00
<b>TOTAL</b> This Period (last page this line 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 1329 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Rev. Carolyn S. Owen-Towle		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 3303 2nd Avenue		<b>Transaction ID:</b> 2308261
City State Zip Code San Diego CA 92103	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer First Unitarian	Occupation Minister	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Debbie S. Oxford		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address G4197 Beecher Road		<b>Transaction ID:</b> 2306675
City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McLaren Reg. Medical	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Debby Manion Oxley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 5539 Midway Road		<b>Transaction ID:</b> 2301500
City State Zip Code Midway KY 40347	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1330 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Debby Manion Oxley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5539 Midway Road		<b>Transaction ID:</b> 2308181	
City State Zip Code Midway KY 40347	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann M. Packard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 532 East 87th Street		<b>Transaction ID:</b> 2303962	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Pediatric Resident	Aggregate Year-to-Date ▼ 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann L. Paes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 4160 SW 83rd Ave.		<b>Transaction ID:</b> 2301449	
City State Zip Code Portland OR 97225	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1331 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lisa T. Painter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 6456 Flagler Road		<b>Transaction ID:</b> 2300683
City State Zip Code Nordland WA 98358	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Lisa T. Painter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 6456 Flagler Road		<b>Transaction ID:</b> 2302494
City State Zip Code Nordland WA 98358	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Mary Frances Palmer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 504 Lake Street		<b>Transaction ID:</b> 2301332
City State Zip Code Winona MN 55987	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1332 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Mary Frances Palmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 504 Lake Street		<b>Transaction ID:</b> 2307546	
City State Zip Code Winona MN 55987	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sandra Panchak		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 4114 Davis Place NW Apt. 116		<b>Transaction ID:</b> 2307151	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rest. Housing O Urban Del Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Trainer Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. June Pankey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 10012 Cedarfield Court		<b>Transaction ID:</b> 2306874	
City State Zip Code Richmond VA 23233	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1333 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Diane E. Parish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 154 Santa Rosa Avenue		<b>Transaction ID:</b> 2306621
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Black Roch Financial	Occupation Investment Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jackie M Parker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1501 W Ural		<b>Transaction ID:</b> 2306432
City State Zip Code Carlsbad NM 88220	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Brenda Parnell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1005A Fell St.		<b>Transaction ID:</b> 2306454
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1060.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1334 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Barbara H Partee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 50 Hobart Ln		<b>Transaction ID:</b> 2303941	
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 220.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Partin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 129 Fair Oaks St #6		<b>Transaction ID:</b> 2303243	
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation vet Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy G Pastroff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 6420 SW 50 Street		<b>Transaction ID:</b> 2298785	
City State Zip Code Miami FL 33155	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Certified Public Accountant Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3020.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1335 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Christine A. Paszkiet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 121 S McCann Street		<b>Transaction ID:</b> 2307152
City State Zip Code Kokomo IN 46901	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Lucia Patrick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2000 W. Lake Hall Road		<b>Transaction ID:</b> 2306806
City State Zip Code Tallahassee FL 32309	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Librarian	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Virginia Patterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 203 Santa Rosa Avenue		<b>Transaction ID:</b> 2298790
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1336 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Sarah N. Patterson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4614 Thornleigh Drive		<b>Transaction ID: 2303560</b>	
City Indianapolis	State IN	Zip Code 46226	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) <b>B. Mrs. Margaret Pattison</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 410 S. Brook Lane		<b>Transaction ID: 2308708</b>	
City Anaheim	State CA	Zip Code 92807	Amount of Each Receipt this Period 50.00
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Patz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2 Slade Avenue		<b>Transaction ID: 2306272</b>	
City Baltimore	State MD	Zip Code 21208	Amount of Each Receipt this Period 21.00
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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1337 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan M. Paulin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1955 Newell Road		<b>Transaction ID:</b> 2307122
City State Zip Code Palo Alto CA 94303	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-Employed Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lisa Payne-Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 21 Potomac		<b>Transaction ID:</b> 2300361
City State Zip Code Irvine CA 92620	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UC Irvine Academic Counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Katherine Pearson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 55		<b>Transaction ID:</b> 2302809
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 Occupation Self Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line 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 1338 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Margie H. Pearson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 708 Oaklawn Avenue		<b>Transaction ID: 2302842</b>
City State Zip Code Winston Salem NC 27104	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) <b>B. Ms. Laura B. Peck</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4545 Grand Avenue		<b>Transaction ID: 2304412</b>
City State Zip Code Ojai CA 93023	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self Community Action 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>C. Ms. Celia M. Pedersen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 4946 Kurz Circle		<b>Transaction ID: 2307417</b>
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 20.00	
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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1120.00
<b>TOTAL</b> This Period (last page this line 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 1339 / 2072  
(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. Perry C Peine

Mailing Address 343 Bellaire St.

City State Zip Code  
Denver CO 80220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306973

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald C Pelz

Mailing Address 3470 Carpenter Road, # 211

City State Zip Code  
Ypsilanti MI 48197

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304217

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna Pepos

Mailing Address 4206 Forest Beach Drive, NW

City State Zip Code  
Gig Harbor WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308026

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **485.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1340 / 2072  
(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. 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  
n/a volunteer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 2300928

Amount of Each Receipt this Period  
4900.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Merle B. Peratis

Mailing Address 2174 South Main Street

City State Zip Code  
Salt Lake City UT 84115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Ceramics, Inc. Sales

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303621

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Theresa Perenich

Mailing Address 215 Riverhill Drive

City State Zip Code  
Athens GA 30606

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308072

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1341 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Monique I. Perez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1580 8th Avenue		<b>Transaction ID:</b> 2299090
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Infinity Broadcasting	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marla S Perkel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 755		<b>Transaction ID:</b> 2304134
City State Zip Code Wellfleet MA 02667	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lucille Perkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 28751 Skyview Rd		<b>Transaction ID:</b> 2307690
City State Zip Code Willits CA 95490	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	470.00
<b>TOTAL</b> 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 1342 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lucille Perkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 28751 Skyview Rd		<b>Transaction ID:</b> 2308222
City State Zip Code Willits CA 95490	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Victoria J Perkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 11000 Huntover Drive		<b>Transaction ID:</b> 2301130
City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sandra L. Perkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 13226 42nd Ave NE		<b>Transaction ID:</b> 2300662
City State Zip Code Seattle WA 98125	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1343 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Peterson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2480 W. Woodbury Lane		<b>Transaction ID: 2299262</b>	
City State Zip Code Milwaukee WI 53209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Ann Peticolas</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 130 Lakeside Drive N.		<b>Transaction ID: 2304673</b>	
City State Zip Code Piscataway NJ 08854	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Debra J. Petree</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1508 Fountainhead Ln		<b>Transaction ID: 2304192</b>	
City State Zip Code Saint Louis MO 63138	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Personnel Spec.	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line 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 1344 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Martha A. Petrey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 12625 Frederick St Ste 1-5 #351		<b>Transaction ID:</b> 2308778
City State Zip Code Moreno Valley CA 92553	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mrs. Nancy E. Pettengill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1300 Sanderling Island		<b>Transaction ID:</b> 2305938
City State Zip Code Point Richmond CA 94801	Amount of Each Receipt this Period 32.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer IDC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Technology Specialist Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Sheila Pfafflin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 173 Gates Avenue		<b>Transaction ID:</b> 2306575
City State Zip Code Gillette NJ 07933	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	832.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1345 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ann Rogers Pfrender Mailing Address 439 Covey Lane City Eugene State OR Zip Code 97401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2304407</b> Amount of Each Receipt this Period 25.00
Name of Employer BCBSM Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Janice Pickard Mailing Address P.O. Box 1675 City Coupeville State WA Zip Code 98239 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2304052</b> Amount of Each Receipt this Period 40.00
Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Amelia Pickering Mailing Address 14 Church Street City Whitesburg State KY Zip Code 41858 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID: 2300633</b> Amount of Each Receipt this Period 250.00
Name of Employer Appalshop Occupation media producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1346 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Gail Pine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 525 West Hillside Street		<b>Transaction ID:</b> 2307536	
City State Zip Code Inglewood CA 90302		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation L.A. Unified School District Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Yvonne E. Pine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1508 Milan Avenue		<b>Transaction ID:</b> 2301764	
City State Zip Code South Pasadena CA 91030		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Deborah Piowaty		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 8005 S. Indian River Drive		<b>Transaction ID:</b> 2304233	
City State Zip Code Ft. Pierce FL 34982		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1347 / 2072						
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Linda L. Pirtle Mailing Address P.O. Box 1259 City State Zip Code Capitan NM 88316 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2303489 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	7														
100.00																							
Name of Employer Self Occupation Horse Breeder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1100.00</td> </tr> </table>	1100.00																				
1100.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Linda L. Pirtle Mailing Address P.O. Box 1259 City State Zip Code Capitan NM 88316 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2306514 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	7														
250.00																							
Name of Employer Self Occupation Horse Breeder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1100.00</td> </tr> </table>	1100.00																				
1100.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy Pitt Mailing Address 10 East Calle De Amistad City State Zip Code Tucson AZ 85716 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301939 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
250.00																							
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 ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00
600.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1348 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marilyn C. Pizer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 115 Stateside Drive		<b>Transaction ID:</b> 2300386
City State Zip Code Chapel Hill NC 27514	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Binkley Preschool	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Harriet Marple Plehn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address PO Box 287		<b>Transaction ID:</b> 2307529
City State Zip Code Worthington MA 01098	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gloria Plesent		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 211 E. 70th Street, Apt. 23C		<b>Transaction ID:</b> 2308049
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1349 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Teresa A. Poirier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1709 Silverwood Drive		<b>Transaction ID: 2305073</b>	
City State Zip Code Martinez CA 94553	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer John Muir Medical Center	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Arlene H. Pollack</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1 Ebersbach Lane		<b>Transaction ID: 2308429</b>	
City State Zip Code Roseland NJ 07068	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 ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Leslie Fay Pomerantz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 15 West 81 Street, Apt. 10G		<b>Transaction ID: 2301299</b>	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 600.00		
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 ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1350 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. James Poole</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 6806 Valley Lake Drive		<b>Transaction ID: 2302040</b>	
City Raleigh      State NC      Zip Code 27612	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Insure	Occupation Insurance Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sharon L. Pope</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4307 Firestone Drive		<b>Transaction ID: 2306297</b>	
City Houston      State TX      Zip Code 77035	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Spring Branch ISD	Occupation Curriculum Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Barry M. Popkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 201 Huntington Drive		<b>Transaction ID: 2299661</b>	
City Chapel Hill      State NC      Zip Code 27514	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNC-CH	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 / 2072  
(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. Sara S. Portnoy

Mailing Address 785 Park Avenue

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
685.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304157

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gail Posner

Mailing Address 1601 W. 24th Street

City State Zip Code  
Miami Beach FL 33140

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303601

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Prudence Posner

Mailing Address 3 College Street

City State Zip Code  
Canton NY 13617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2301247

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1235.00**

**TOTAL** This Period (last page this line 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 1352 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jennifer L Post		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 4011 Wycombe Dr		<b>Transaction ID:</b> 2307747	
City State Zip Code Sacramento CA 95864	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Paragon Real Estate Group	Occupation real estate agent/student		
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>B.</b> Ms. Rebekah J. Poston		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1541 Brickell Avenue Apt. 3706		<b>Transaction ID:</b> 2308444	
City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steel Hector & Davis	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>C.</b> Ms. Roberta K. Potsic		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1057 Beaumont Road		<b>Transaction ID:</b> 2304005	
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Delaware County Community College	Occupation Career Counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line 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 1353 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susan H Press		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3604 Shepherd Street		<b>Transaction ID:</b> 2304851	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary N. Preyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1010 Waltham Street F 22 Brookhaven		<b>Transaction ID:</b> 2302078	
City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nicole Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 3119 Ripple Road		<b>Transaction ID:</b> 2301956	
City State Zip Code Baltimore MD 21244	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Center for Community Change Health Care Rights Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1354 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Diane R Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1017 Bloomfield St		<b>Transaction ID:</b> 2302591	
City State Zip Code Hoboken NJ 07030	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 ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Eugene Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 30 Strathmore Drive		<b>Transaction ID:</b> 2304097	
City State Zip Code New City NY 10956	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self CPA	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Pritzker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 71 South Wacker Drive		<b>Transaction ID:</b> 2308770	
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 Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1355 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nina R. Pryatel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 3600 E Fulton St Apt B211		<b>Transaction ID:</b> 2299684	
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Madeline L. Puccioni		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6430 Mystic Street		<b>Transaction ID:</b> 2305109	
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Los Medanos College Teacher	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Quam		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 407 N. 1st Street		<b>Transaction ID:</b> 2307165	
City State Zip Code Marshalltown IA 50158	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line 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 1356 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Judith A. Quiller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 19948		<b>Transaction ID:</b> 2306617
City State Zip Code Colorado City CO 81019	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy Quintrell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1280 Rosita Road		<b>Transaction ID:</b> 2303877
City State Zip Code Pacifica CA 94044	Amount of Each Receipt this Period 500.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Carolyn J Radabaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 201 Secretariat Dr.		<b>Transaction ID:</b> 2302826
City State Zip Code Austin TX 78737	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-employed Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	711.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1357 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia A Radi</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3627 padua Ave.		<b>Transaction ID: 2306919</b>	
City State Zip Code Claremont CA 91711		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Software Systems Design administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Laura W. Ragan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1296 Foothill Road		<b>Transaction ID: 2306379</b>	
City State Zip Code Ojai CA 93023		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation self Artist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Beverly Railsback</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 103 N. Franklin Street		<b>Transaction ID: 2304808</b>	
City State Zip Code Lambertville NJ 08530		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation None REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.00
<b>TOTAL</b> This Period (last page this line 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 1358 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara L. Raimondi</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 54 Evergreen Rd		<b>Transaction ID: 2308525</b>	
City State Zip Code Auburn ME 04210		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Trafton and Matlen Lawyer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia Rainwater</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1404 Ruidosa Drive		<b>Transaction ID: 2301276</b>	
City State Zip Code Wichita Falls TX 76306		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation DOD Instructor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Yvonne Rambo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 2665 Tallant Rd Apt W303		<b>Transaction ID: 2306685</b>	
City State Zip Code Santa Barbara CA 93105		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1359 / 2072
	<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. Miriam M. Rand		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 7990		Transaction ID: 2304296	
City Albuquerque	State NM	Zip Code 87194	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer RDA	Occupation Consultant		
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. Linda Rankine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 2417		Transaction ID: 2305020	
City Easley	State SC	Zip Code 29641	Amount of Each Receipt this Period 25.00
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) Dr. Helen M. Ranney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 6229 La Jolla Mesa Dr.		Transaction ID: 2303649	
City La Jolla	State CA	Zip Code 92037	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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1360 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ann Raper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 6062 Windsor Farme Rd		<b>Transaction ID:</b> 2307397
City State Zip Code Summerfield NC 27358	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jean Rash		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8651 Tenth Street North Apt. 130		<b>Transaction ID:</b> 2306060
City State Zip Code St Petersburg FL 33702	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Joy P. Rasin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 179 E. Lake Shore Drive Apt. 12E		<b>Transaction ID:</b> 2307949
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line 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 1361 / 2072  
(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. Daniel G. Rath

Mailing Address 823 Glendale Avenue

City State Zip Code  
Pontiac MI 48341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302802

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie S. Rautenberg

Mailing Address 40 Fairway Drive

City State Zip Code  
Manhasset NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Volunteer/Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307398

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Josephine Rawlings

Mailing Address 2238 2nd Street

City State Zip Code  
Wyandotte MI 48192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ford Motor Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298760

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1362 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Paula Reach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 450 Beverly Drive		<b>Transaction ID:</b> 2301260
City State Zip Code Oxnard CA 93030	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kathleen A. Ream		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 6534 Marlo Drive		<b>Transaction ID:</b> 2308417
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Gov't Affairs Consultant	
Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Micaela B. Reddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3145 Loma Verde Drive, # 15		<b>Transaction ID:</b> 2306346
City State Zip Code San Jose CA 95117	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Research Scientist	
Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1363 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. C. Suzanne Reed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5400 B Street		<b>Transaction ID:</b> 2302754
City State Zip Code Sacramento CA 95819	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer California State Assembly Member Carol	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rebecca Lane Reed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 223 Butler Road		<b>Transaction ID:</b> 2309184
City State Zip Code Fredericksburg VA 22405	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Rebecca Lane Reed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 223 Butler Road		<b>Transaction ID:</b> 2305746
City State Zip Code Fredericksburg VA 22405	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1364 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. June Ann Reese		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1618 Vulcan St		<b>Transaction ID:</b> 2303998	
City State Zip Code El Cajon CA 92021	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Escrow Officer	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>B.</b> Ms. Laurie Reiche		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2533 Laguna Vista D		<b>Transaction ID:</b> 2305678	
City State Zip Code Novato CA 94945	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Patricia Reilly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 336 Mohawk Road		<b>Transaction ID:</b> 2301025	
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer City of Santa Barbara Occupation Admin. Asst.	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1365 / 2072  
(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. Lynette B. Reilly

Mailing Address 12516 Davan Drive

City State Zip Code  
Silver Spring MD 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308419

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Reno

Mailing Address 2 Collingswood Place

City State Zip Code  
Flanders NJ 07836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ADP, Inc. Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304300

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elyse Resch

Mailing Address 3001 Linda Lane

City State Zip Code  
Santa Monica CA 90405

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 Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2308227

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1366 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maura K. Resnick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1921 S. Crest Drive		<b>Transaction ID:</b> 2308759
City State Zip Code Los Angeles CA 90034	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Fundraiser	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elaine Reuben		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 1901 Wyoming Avenue NW		<b>Transaction ID:</b> 2301435
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Carolyn Revelle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 515 North Street		<b>Transaction ID:</b> 2300169
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1367 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Phyllis Reynolds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 64 Gresham Street		<b>Transaction ID:</b> 2305001
City State Zip Code Ashland OR 97520	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Eleanor Rhoades		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 845 Los Robles Road		<b>Transaction ID:</b> 2304146
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	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>C.</b> Ms. Pamela Rhodes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1215 S Jackson Ave		<b>Transaction ID:</b> 2308755
City State Zip Code Tacoma WA 98465	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1368 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol E. Rice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 568		<b>Transaction ID:</b> 2302835	
City State Zip Code Boulder Creek CA 95006		Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Virginia A Rice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 54 Whiteoaks Circle		<b>Transaction ID:</b> 2306316	
City State Zip Code Bluffton SC 29910		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Wayne Windham Architects Administrative Assistant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Andrea Rich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 10933 Wellworth Ave #4		<b>Transaction ID:</b> 2299488	
City State Zip Code Los Angeles CA 90024		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Los Angeles City Museum of Art President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1161.00
<b>TOTAL</b> This Period (last page this line 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 1369 / 2072
	(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. Sandy H. Richards

Mailing Address 232 Oakdale Ave

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
College of Marin Biology Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2302036

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. Richeson

Mailing Address 1312 Deveron Drive

City State Zip Code  
New Haven IN 46774

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300465

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen Riddle

Mailing Address P.O. Box 774

City State Zip Code  
Lake View IA 51450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307292

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1370 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kit Riggs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 997 Louise Avenue		<b>Transaction ID:</b> 2305559
City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Douglas R. Ring		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 396 North Fordyce Road		<b>Transaction ID:</b> 2300916
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Developer	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert R. Ritchey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1328 E Cottonwood Ln		<b>Transaction ID:</b> 2305079
City State Zip Code Phoenix AZ 85048	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Engineer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5075.00
<b>TOTAL</b> This Period (last page this line 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 1371 / 2072  
(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. Alyce R Ritti

Mailing Address 170 Cherrywood Way

City State Zip Code  
Port Matilda PA 16870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302905

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Darlene Rittner

Mailing Address 400 W. Davis Avenue

City State Zip Code  
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305231

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kimberly K. Ritzheimer

Mailing Address 20578 East Buchanan Drive

City State Zip Code  
Aurora CO 80011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dept. of Defense Information Analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306056

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1372 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Deborah Robbins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 26 Graystone Terrace		<b>Transaction ID:</b> 2307548
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Writer/Editor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Sidney Robbins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1671 Mission Hills Rd Apt 102		<b>Transaction ID:</b> 2302274
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Sheila Robbins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 445		<b>Transaction ID:</b> 2302350
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Personal Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1373 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susan M Robers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 2315 Woodlawn Road		<b>Transaction ID:</b> 2307346
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer unemployed Occupation executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Florence D. Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 801 Valley Road		<b>Transaction ID:</b> 2306042
City State Zip Code Mason NH 03048	Amount of Each Receipt this Period 10.00	
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) <b>C.</b> Ms. Helene E. Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 80 Lyme Road Apt. 331		<b>Transaction ID:</b> 2308159
City State Zip Code Hanover NH 03755	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 / 2072  
(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. Mimori Robertson

Mailing Address 102 Sherwood Drive

City State Zip Code  
Benton LA 71006

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  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** 2307580

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellis M. Robinson

Mailing Address 1053 Seahawk Lane

City State Zip Code  
Sanibel FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Buttonwood Partnership consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2301954

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Roxana Barry Robinson

Mailing Address 116 East 68th Street

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306545

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1375 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth B. M. Robinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 40 E. 89th Street, Apt. 14B		<b>Transaction ID:</b> 2302787
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Nancy M. Robinson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 900 University Street, Apt 704		<b>Transaction ID:</b> 2304051
City State Zip Code Seattle WA 98101	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired professor	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margery A. Robison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 15330 40th Avenue W Apt. A		<b>Transaction ID:</b> 2307186
City State Zip Code Lynnwood WA 98087	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line 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 1376 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert Robotti</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 400 E. 52nd Street, Apt. 14A		<b>Transaction ID: 2307606</b>	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Ms. MaryKay Kathryn Rodarte</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 16122 Osborne Street		<b>Transaction ID: 2304123</b>	
City State Zip Code Westminster CA 92683	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Real Estate 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>C. Ms. Alice Rodenberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 70		<b>Transaction ID: 2306164</b>	
City State Zip Code Brownsville CA 95919	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line 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 1377 / 2072						
	(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) <b>A.</b> Ms. Mary Ann Roe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1409 Colewood Drive		<b>Transaction ID:</b> 2303787	
City State Zip Code Durham NC 27705	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marjorie Roesch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 90 La Salle Street, Apt. 13B		<b>Transaction ID:</b> 2303026	
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Ms. Cathy Rogers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 23661 Malibu Colony Road		<b>Transaction ID:</b> 2301592	
City State Zip Code Malibu CA 90265	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1378 / 2072
	<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) <b>A.</b> Ms. Joan Rogin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5627 Olinda Road		<b>Transaction ID:</b> 2303719	
City State Zip Code El Sobrante CA 94803	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James L. Rolleston		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 32 Green Mill Lane		<b>Transaction ID:</b> 2304251	
City State Zip Code Durham NC 27707	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Duke University Professor	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Becky Roloff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 5601 W. 70th Street		<b>Transaction ID:</b> 2308695	
City State Zip Code Edina MN 55439	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation YWCA of MN CEO	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1379 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Josephine Rolph</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 256 Sycamore Avenue		<b>Transaction ID: 2305502</b>	
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 28.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mill Valley	Occupation Mill Valley		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Susan D. Romaine</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7 Conquest Avenue		<b>Transaction ID: 2305696</b>	
City State Zip Code Sullivans IS SC 29482	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Evelyne Rominger</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 28681 Road 29		<b>Transaction ID: 2308742</b>	
City State Zip Code Winters CA 95694	Amount of Each Receipt this Period 25.00		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	153.00
<b>TOTAL</b> This Period (last page this line 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 1380 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Ann S. Roness		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1235 47th Street		<b>Transaction ID:</b> 2302765	
City State Zip Code Sarasota FL 34234	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Rose		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4613 S Sumac Dr		<b>Transaction ID:</b> 2305158	
City State Zip Code Spokane WA 99223	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Ruth W Rosen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5 Mt. Hood Ct.		<b>Transaction ID:</b> 2308083	
City State Zip Code San Rafael CA 94903	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	230.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1381 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn B. Rosen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 326 Roger Williams Avenue		<b>Transaction ID:</b> 2308323
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Susan Rosenbaum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5211 Beech St.		<b>Transaction ID:</b> 2302901
City State Zip Code Bellaire TX 77401	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Computer Scientist Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Dulcie Rosenfeld		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 961 Bloomfield Woods		<b>Transaction ID:</b> 2307757
City State Zip Code Bloomfield Hills MI 48304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Volunteer Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> 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 1382 / 2072  
(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. Camilla M Rosenfeld

Mailing Address 8 Coventry Court

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer none 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302849

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen Rosenthal

Mailing Address 225 West 83rd Street  
Apt. 4K

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer not employed Occupation community volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303350

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Doris S. Rosenthal

Mailing Address 10 Downing Dr. E

City State Zip Code  
White Plains NY 10607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300498

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1383 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kristin B Rosenthal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 3236 Woodland Lane		<b>Transaction ID:</b> 2303471
City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Mental Health Therapist Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Emma M Rosow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 122 Green Way		<b>Transaction ID:</b> 2308665
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Audrey L. Rosselot		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 4800 Fillmore Ave Apt 539		<b>Transaction ID:</b> 2307147
City State Zip Code Alexandria VA 22311	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 311.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	311.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1384 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Glenda M. Rothberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 319 Gravilla Street		<b>Transaction ID:</b> 2304078	
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joy Faye Rowan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 2675 Hillcrest Avenue		<b>Transaction ID:</b> 2301022	
City State Zip Code Hayward CA 94542	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Designer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nora A Rowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1029 Meadowwood Lane		<b>Transaction ID:</b> 2308058	
City State Zip Code Bowling Green KY 42104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Community College of B.G.	Occupation English instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1385 / 2072  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Valerie Rowe</p> <p>Mailing Address 300 Central Park West 29G</p> <p>City State Zip Code New York NY 10024</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Fordham University      Occupation Student</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 11 / 2007</p> <p><b>Transaction ID:</b> 2301254</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Valerie Rowe</p> <p>Mailing Address 300 Central Park West 29G</p> <p>City State Zip Code New York NY 10024</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Fordham University      Occupation Student</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 26 / 2007</p> <p><b>Transaction ID:</b> 2307792</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Lenore S. Rowe</p> <p>Mailing Address 2368 Hwy Ab</p> <p>City State Zip Code Mc Farland WI 53558</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer      Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 17 / 2007</p> <p><b>Transaction ID:</b> 2302896</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 / 2072  
(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. Jeffrey C. Rubenstein

Mailing Address 65 E. Goethe Street

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 2308691

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sharon Rubin

Mailing Address 83 Ridge Road

City State Zip Code  
Ridgewood NJ 07450

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ramapo College of NJ Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303487

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda K. Rude

Mailing Address 839 Union St.

City State Zip Code  
San Francisco CA 94133

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
839 Union St. Landscape Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2301951

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 1387 / 2072  
(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 Rudin

Mailing Address 241 Central Park West  
Apt. 19C

City State Zip Code  
New York NY 10024

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  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303169

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nina K. Rush

Mailing Address 305 Wildwood Avenue

City State Zip Code  
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Clinical Social Worker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307895

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith S Russell

Mailing Address 2426 WESTSIDE DR

City State Zip Code  
North Chili NY 14514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self Farmer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303963

Amount of Each Receipt this Period  
50.00

**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 1388 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Louise Jean Russo Hauser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 47 Windermere Road		<b>Transaction ID:</b> 2308482
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. John Rutledge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 56 Monument Street, # 1		<b>Transaction ID:</b> 2305674
City State Zip Code Medford MA 02155	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Software Engineer	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia J. Ryan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 17 south Ferris Street		<b>Transaction ID:</b> 2305243
City State Zip Code Irvington NY 10533	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Freelance writer	
Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1389 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Cynthia C. Rynalski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 143 Carica Rd		<b>Transaction ID:</b> 2308015	
City Naples	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 34108		FEC ID number of contributing federal political committee. C	
Name of Employer Naples Pathology Associates	Occupation Medical Technologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Lillian Saari		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 20 Harvey Court		<b>Transaction ID:</b> 2299921	
City Irvine	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92617		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 ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Parisa Sabeti		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 416 Commonwealth Avenue # 619		<b>Transaction ID:</b> 2305643	
City Boston	State MA	Amount of Each Receipt this Period 85.00	
Zip Code 02215		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 ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> 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 1390 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Joanne Sackheim</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1118 Tower Road		<b>Transaction ID: 2302756</b>	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edmund L. Sacks</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1575 Soquel Drive		<b>Transaction ID: 2302116</b>	
City State Zip Code Santa Cruz CA 95065	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C. Ms. Deborah Sacks</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 835 Claflin Avenue		<b>Transaction ID: 2306934</b>	
City State Zip Code Mamaroneck NY 10543	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1391 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Judy H Sadlier		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2805 E Oakland Park lvd PMB303		<b>Transaction ID:</b> 2306474
City State Zip Code Ft. Lauderdale FL 33306	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Sarah J. Sager		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2969 Manchester Road		<b>Transaction ID:</b> 2300487
City State Zip Code Shaker Heights OH 44122	Amount of Each Receipt this Period 36.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Cantor	
Aggregate Year-to-Date ▼ 236.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Katie E. Sako		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 7512 Orin Court N.		<b>Transaction ID:</b> 2300982
City State Zip Code Seattle WA 98103	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney	
Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	586.00
<b>TOTAL</b> This Period (last page this line 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 1392 / 2072  
(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. Esther Saks

Mailing Address 3920 N. Lake Shore Drive  
Apt. 9S

City State Zip Code  
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** 2307520

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellin J. Saltzman

Mailing Address 50 East 77 Street  
Apt. 7C

City State Zip Code  
New York NY 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
bluefly.com Fashion Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306570

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Max H. Sampson

Mailing Address 10660 Pine Haven Terrace

City State Zip Code  
Rockville MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Maryland Student

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302871

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 1393 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jane P. Sandefur		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address P.O. Box 211		<b>Transaction ID:</b> 2299678	
City Cherokee Village	State AR	Amount of Each Receipt this Period 250.00	
Zip Code 72525		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 ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane P. Sandefur		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 211		<b>Transaction ID:</b> 2308415	
City Cherokee Village	State AR	Amount of Each Receipt this Period 200.00	
Zip Code 72525		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Occupation Retired		Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Whitney Sander		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 2413 Grand Canal		<b>Transaction ID:</b> 2308521	
City Venice	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 90291		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		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 ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	700.00

**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 1394 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Jo A. Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 354 N. Normal Street		<b>Transaction ID: 2299617</b>	
City State Zip Code Macomb IL 61455	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Joanne M Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5144 N Carrollton Avenue		<b>Transaction ID: 2304730</b>	
City State Zip Code Indianapolis IN 46205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IATSE Occupation Int'l Rep	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. James D. Sanderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 20 Tennis Villas Drive		<b>Transaction ID: 2302800</b>	
City State Zip Code Dana Point CA 92629	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1395 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Donald E. Sanderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 750164		<b>Transaction ID:</b> 2299642
City State Zip Code Torrey UT 84775	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa L. Sandoval		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 531 Cottonwood Drive		<b>Transaction ID:</b> 2304453
City State Zip Code Fairfield CA 94533	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Medical Assistant	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Santel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3446 Riverchase Pkwy		<b>Transaction ID:</b> 2302848
City State Zip Code Saint Charles MO 63301	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Office Manager	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line 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 1396 / 2072						
	(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) <b>A.</b> Ms. Shirley Santel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3446 Riverchase Pkwy		<b>Transaction ID:</b> 2306522	
City State Zip Code Saint Charles MO 63301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tool Service Center	Occupation Office Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann Sargent		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3296 Montara Drive		<b>Transaction ID:</b> 2298709	
City State Zip Code Bonita Springs FL 34134	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Linda L. Sartorius		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1650 Neptune Lane		<b>Transaction ID:</b> 2305338	
City State Zip Code Houston TX 77062	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	520.00
<b>TOTAL</b> This Period (last page this line 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 1397 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. William R. Sarver</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 25420 Sherwood		<b>Transaction ID: 2303390</b>	
City State Zip Code Huntington Woods MI 48070	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Judith Saul</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 201 Cliff Park Road		<b>Transaction ID: 2305513</b>	
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	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>C. Ms. Betty Sawyer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 27 Bedford Court		<b>Transaction ID: 2303377</b>	
City State Zip Code Bedford MA 01730	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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 1398 / 2072
	(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"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Gwen Saylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1725 Mount Vernon Court		<b>Transaction ID: 2304416</b>	
City State Zip Code Dubuque IA 52003	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Aletta J Schaap</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 37 Bay State Avenue #2		<b>Transaction ID: 2299026</b>	
City State Zip Code Somerville MA 02144	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>C. Mr. Roy Schafer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 390 West End Avenue		<b>Transaction ID: 2299648</b>	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Psychologist	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1121.00
<b>TOTAL</b> This Period (last page this line 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 1399 / 2072  
(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. Karen M. Schaich

Mailing Address 36 Crestview Drive

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rutgers University Research Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307146

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Andrea Harris Scheidt

Mailing Address 40 East 80 Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kenyon & Kenyon Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2301935

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Andrea Harris Scheidt

Mailing Address 40 East 80 Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kenyon & Kenyon Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306574

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1400 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Brynal Scherr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 9 Totoket Road		<b>Transaction ID:</b> 2307278
City State Zip Code Branford CT 06405	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Katherine R. Schimke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 901 Pamplona Avenue		<b>Transaction ID:</b> 2303885
City State Zip Code Davis CA 95616	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Color and Wardrobe 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>C.</b> Ms. Anne P. Schmalz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 92 Beacon St Apt 21		<b>Transaction ID:</b> 2303948
City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1401 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Abby Schmelling</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 823 Keystone Avenue		<b>Transaction ID: 2308764</b>	
City River Forest	State IL	Zip Code 60305	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Volunteer Center--Oak Park, IL	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Norma Jean Schmieding</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 51 Rodman Street		<b>Transaction ID: 2298794</b>	
City Wakefield	State RI	Zip Code 02879	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 ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary C. Schmitt</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 5121 Pinyon Drive		<b>Transaction ID: 2307237</b>	
City Littleton	State CO	Zip Code 80123	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Colorado	Occupation Pediatrician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1402 / 2072						
	(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) <b>A.</b> Mr. Boynton M. Schmitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 225 Dromara Road		<b>Transaction ID:</b> 2305640	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Mrs. Carol Schnall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 25 Sutton Place South, # 6M		<b>Transaction ID:</b> 2302102	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Mrs. Carol Schnall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 25 Sutton Place South, # 6M		<b>Transaction ID:</b> 2306766	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1403 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Anna Mae Schnucker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 23582 Railroad St		<b>Transaction ID:</b> 2304450
City State Zip Code Parkersburg IA 50665	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Judith Schocken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 5911 77th Avenue SE		<b>Transaction ID:</b> 2299882
City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Mr. Robert H. Schor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10 Ambassador Dr		<b>Transaction ID:</b> 2304100
City State Zip Code Rochester NY 14610	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Pittsburgh Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Faculty Aggregate Year-to-Date ▼ 820.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line 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 1404 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Joan Schramm</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2983 Poplar Trail		<b>Transaction ID: 2304424</b>	
City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Kennedy Center	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Stanley Schroeder</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 572 Wapiti Loop		<b>Transaction ID: 2305397</b>	
City State Zip Code Hamilton MT 59840	Amount of Each Receipt this Period 85.00		
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 ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. James E Schroeder</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4307 Firestone Dr		<b>Transaction ID: 2305916</b>	
City State Zip Code Houston TX 77035	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saturn Packaging	Occupation Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1405 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Faye Schuett</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 23211 Cass Street		<b>Transaction ID: 2302858</b>	
City State Zip Code Farmington MI 48335	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Schoolcraft College	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Alice Southworth Schulman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 64S Swamp Road		<b>Transaction ID: 2301222</b>	
City State Zip Code Little Compton RI 02837	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan Schulman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2812B Mount Saint H		<b>Transaction ID: 2299258</b>	
City State Zip Code Seattle WA 98144	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1406 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Buddy Schutzman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2637 Evening Sky Drive		<b>Transaction ID:</b> 2306382	
City State Zip Code Henderson NV 89052	Amount of Each Receipt this Period 30.00		
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>B.</b> Ms. Dorothy D. Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 26101 Village Ln Apt 106		<b>Transaction ID:</b> 2305081	
City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 20.00		
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 ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Ann Schwarzbach		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1620 Pankow Drive		<b>Transaction ID:</b> 2301851	
City State Zip Code Geneva IL 60134	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer James E. Schwarzbach, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Special Planner Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1407 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Laura J Scott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 866 Wharfside Rd.		<b>Transaction ID:</b> 2299663	
City State Zip Code San Mateo CA 94404	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Equinix	Occupation Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Michelle P Scott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 160 E. 38th Street, #26C		<b>Transaction ID:</b> 2306576	
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer East-West Management Institute, Inc.	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Scott Stanley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 151 Avenue B # 4		<b>Transaction ID:</b> 2306896	
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	Occupation Art Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line 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 1408 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melinda B. Scrivner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 171 Cognewaugh Road		<b>Transaction ID:</b> 2307518
City State Zip Code Cos Cob CT 06807	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Georgina M. Scurfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 360 Windsor Drive		<b>Transaction ID:</b> 2307748
City State Zip Code Papillion NE 68046	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sarpy County Juvenile Ct	Occupation Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara J. Seaney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 2415 Sharon Oaks Drive		<b>Transaction ID:</b> 2308230
City State Zip Code Menlo Park CA 94025	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5300.00
<b>TOTAL</b> This Period (last page this line 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 1409 / 2072  
(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 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  
Occupation REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

**Transaction ID: 2308086**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Seidel

Mailing Address 425 East 63rd Street

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Art Dealer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2306571**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey D Seidman

Mailing Address 12806 Doe Lane

City State Zip Code  
Darnestown MD 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PathStar, P.C. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2306362**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

**TOTAL** This Period (last page this line 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 1410 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth Margaret Seifel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 290 Amber Drive		<b>Transaction ID:</b> 2306976	
City State Zip Code San Francisco CA 94131	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Cecily Selby		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1 E 66th Street		<b>Transaction ID:</b> 2305024	
City State Zip Code New York NY 10065	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Norbert L. Seligson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 10 Silverwood Circle, Apt. 7		<b>Transaction ID:</b> 2300651	
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line 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 1411 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Olga Semanchik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 401 Walnick Drive		<b>Transaction ID:</b> 2301745	
City State Zip Code Frackville PA 17931	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 725.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Virginia F Sendor, M.S.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 608 Blair Drive		<b>Transaction ID:</b> 2301941	
City State Zip Code Westbury NY 11590	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation former hospice administrator Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Miss Marjorie D. Seward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 435 Martin Terrace		<b>Transaction ID:</b> 2306818	
City State Zip Code State College PA 16803	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1412 / 2072						
	(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) <b>A.</b> Ms. Gail M. Shackel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 3211 Point White Drive, N.E.		<b>Transaction ID:</b> 2301938	
City State Zip Code Bainbridge Island WA 98110	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Diane G. Shaff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 670 San Antonio Road # 14		<b>Transaction ID:</b> 2302950	
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Franklin McKinley School District Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Frances Shames		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 290 9th Avenue, Apt. 13J		<b>Transaction ID:</b> 2299932	
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1413 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Frances Shames		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 290 9th Avenue, Apt. 13J		<b>Transaction ID:</b> 2303834
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances Shames		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 290 9th Avenue, Apt. 13J		<b>Transaction ID:</b> 2306628
City State Zip Code New York NY 10001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
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>C.</b> Ms. Shelley Shanaman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 2936 Waterleaf Drive		<b>Transaction ID:</b> 2302286
City State Zip Code Germantown TN 38138	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation self homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1414 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sally Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 13330 Caminito Mar Villa		<b>Transaction ID:</b> 2306591
City State Zip Code Del Mar CA 92014	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janice Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 220 Parkwood Avenue		<b>Transaction ID:</b> 2299962
City State Zip Code Rochester NY 14620	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Joanna Sharon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 93 Curtis Road		<b>Transaction ID:</b> 2302044
City State Zip Code Glastonbury CT 06033	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Unemployed	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line 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 1415 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Audrey Sharpe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 16 W. Oro Place		<b>Transaction ID: 2300745</b>
City State Zip Code Oro Valley AZ 85737	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Perfect Game	Occupation Retail Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary Jo Shartsis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 555 Blair Avenue		<b>Transaction ID: 2308209</b>
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Shartsis, Friese & Ginsburg	Occupation Attorney	
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>C. Ms. Rhonna Shatz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 5453 Pond Bluff Court		<b>Transaction ID: 2306032</b>
City State Zip Code West Bloomfield MI 48323	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Henry Ford Hospital	Occupation Neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1416 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Katie J. Shaughnessy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 712 Brockton Way		<b>Transaction ID:</b> 2308382
City State Zip Code Melbourne FL 32904	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Esther Shay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 22 Ledge Road Cottage 69		<b>Transaction ID:</b> 2306895
City State Zip Code Blue Hill ME 04614	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	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>C.</b> Ms. Patricia Shea		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 13434 Adair Creek Way NE		<b>Transaction ID:</b> 2305349
City State Zip Code Redmond WA 98053	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1417 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marcia C. Shearer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 3 Banner Road		<b>Transaction ID:</b> 2300452
City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Beverly Sheldon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9032 Monte Mar Drive		<b>Transaction ID:</b> 2304009
City State Zip Code Los Angeles CA 90035	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker	
Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Michaelyn K. Shelley-David		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 248 Walker Dr Apt 13		<b>Transaction ID:</b> 2302863
City State Zip Code Mountain View CA 94043	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Manager	
Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1418 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Michaelyn K. Shelley-David		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 248 Walker Dr Apt 13		<b>Transaction ID:</b> 2307098	
City State Zip Code Mountain View CA 94043	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IBM	Occupation Sales Manager		
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>B.</b> Ms. Frances A Sheppard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 28925 Oakpath Dr		<b>Transaction ID:</b> 2305129	
City State Zip Code Agoura Hills CA 91301	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Betsy D. Sherman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3001 Veazey Terrace NW Apt. 722		<b>Transaction ID:</b> 2298784	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ICMA	Occupation Association Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	255.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1419 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jayne B. Sherman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7 E. 14th Streett		Transaction ID: 2303047	
City State Zip Code New York NY 10003		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Producer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jean M. Sherrill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 316 Old Dirt Road		Transaction ID: 2304142	
City State Zip Code Tallahassee FL 32317		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Horty R. Shieber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 625 South Skinker, # 503		Transaction ID: 2307167	
City State Zip Code St. Louis MO 63105		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	820.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1420 / 2072		
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kent Shinbach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 14 E. 75th Street		<b>Transaction ID:</b> 2308571	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karin Shipman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 1400 Hermann Drive Unit 5H		<b>Transaction ID:</b> 2301431	
City State Zip Code Houston TX 77004		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary Sholkovitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 16 Elvira Avenue		<b>Transaction ID:</b> 2306371	
City State Zip Code Falmouth MA 02540		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Music Teacher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1421 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara L. Short</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1200 Lakeshore Avenue Apt. 6D		<b>Transaction ID: 2307408</b>
City State Zip Code Oakland CA 94606	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Psychologist	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary J. Showers</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 5138 South Ridge Road		<b>Transaction ID: 2306680</b>
City State Zip Code Cincinnati OH 45224	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joanna F Shulman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 240 West 98th Street, # 10H		<b>Transaction ID: 2304029</b>
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mount Sinai Medical Center Occupation Physician	Aggregate Year-to-Date ▼ 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1422 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne K. Shuttee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7115 Westbrook Lane		<b>Transaction ID:</b> 2303961	
City State Zip Code Dallas TX 75214	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Electronic Data Systems Corporation	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Scott M. Sieburth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 419 S. Ithan Ave.		<b>Transaction ID:</b> 2305201	
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marian R Siegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 9335 S.W. 77 Avenue # 157		<b>Transaction ID:</b> 2306331	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation English teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1423 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karen Siegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2434 Flora Lane		<b>Transaction ID:</b> 2304908	
City Punta Gorda	State FL	Amount of Each Receipt this Period 15.00	
Zip Code 33950		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 ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Debra Siegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 433 Cedar Lane		<b>Transaction ID:</b> 2299504	
City Wilmette	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60091		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MICA	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) <b>C.</b> Ms. Maureen F. Siegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 40 Silver Birch Road		<b>Transaction ID:</b> 2298771	
City Waban	State MA	Amount of Each Receipt this Period 200.00	
Zip Code 02468		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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	465.00
<b>TOTAL</b> This Period (last page this line 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 1424 / 2072  
(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. Maxine Siegel

Mailing Address 38 Douglas Drive

City Hillsdale State NJ Zip Code 07642

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300650

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maxine Siegel

Mailing Address 38 Douglas Drive

City Hillsdale State NJ Zip Code 07642

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2306734

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Siegel

Mailing Address 450 Park Avenue

City New York State NY Zip Code 10022

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299643

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1425 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rachel J. Siegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 11 Spruce Lane		<b>Transaction ID:</b> 2303931	
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	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>B.</b> Ms. Jeannine Bouillier Siegmond		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2266 Cherry Hill Road		<b>Transaction ID:</b> 2304008	
City State Zip Code Palmerton PA 18071	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ariel Lauren Silbert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 221 Heatherstone Way		<b>Transaction ID:</b> 2304349	
City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1426 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sybil Sim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 237 N Main St Apt 147		<b>Transaction ID:</b> 2308409	
City S Yarmouth	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 02664			
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Ellen S. Simon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 145 White Tail Drive		<b>Transaction ID:</b> 2306336	
City Sedona	State AZ	Amount of Each Receipt this Period 50.00	
Zip Code 86351			
FEC ID number of contributing federal political committee. C			
Name of Employer Simon Law Firm - Partner	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stanley Simon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 44 E. 67th Street		<b>Transaction ID:</b> 2306819	
City New York	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10065			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1427 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hildred Simons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 206 Conant Road		<b>Transaction ID:</b> 2302844	
City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Elizabeth L. Simpson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 14500 Fruitvale Avenue Apt. 4205		<b>Transaction ID:</b> 2304663	
City State Zip Code Saratoga CA 95070	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 939 Wilmington Way		<b>Transaction ID:</b> 2305290	
City State Zip Code Emerald Hills CA 94062	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Latham & Watkins Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line 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 1428 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Joseph Simutis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 75 Manchester Street		<b>Transaction ID: 2299669</b>	
City State Zip Code Nashua NH 03064	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 860.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Esther Sinclair</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 43 Tamalpais Ave		<b>Transaction ID: 2301030</b>	
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 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>C. Ms. Elizabeth L. Sjoberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 203 Pine Shadows Drive		<b>Transaction ID: 2305287</b>	
City State Zip Code Seabrook TX 77586	Amount of Each Receipt this Period 25.00		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1429 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Deborah Skidmore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 202 Edgewood Avenue		<b>Transaction ID:</b> 2302766	
City State Zip Code San Francisco CA 94117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Margaret Skipper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 951 W. Orange Grove # 58101		<b>Transaction ID:</b> 2300354	
City State Zip Code Tucson AZ 85704	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired	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>C.</b> Ms. Patricia E. Sklar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2704 W. Morse Avenue		<b>Transaction ID:</b> 2302999	
City State Zip Code Chicago IL 60645	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation recruiter	Aggregate Year-to-Date ▼ 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line 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 1430 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Susan L. Sloan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 89 Grand Avenue		<b>Transaction ID:</b> 2299565	
City Washington	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07882		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>B.</b> Ms. Denise M. Slotoroff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address Belmor Hill		<b>Transaction ID:</b> 2304343	
City Linwood	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 08221		FEC ID number of contributing federal political committee. C	
Name of Employer Seashore Medical Association Occupation Bookkeeper	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara Small		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 207 Greenwood Ave		<b>Transaction ID:</b> 2306347	
City Madison	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 07940		FEC ID number of contributing federal political committee. C	
Name of Employer Small & Associates, Inc. Occupation President	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1431 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. R. G. Smalley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1110 Morse Street		<b>Transaction ID:</b> 2306889
City State Zip Code San Jose CA 95126	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Laura Smit		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6486 Summer Cloud Way		<b>Transaction ID:</b> 2306486
City State Zip Code Columbia MD 21045	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Non Profit Director Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edgar L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 731 Marina Street		<b>Transaction ID:</b> 2301496
City State Zip Code Morro Bay CA 93442	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 230.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1432 / 2072						
	(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) <b>A.</b> Mr. Edgar L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 731 Marina Street		<b>Transaction ID:</b> 2301744	
City State Zip Code Morro Bay CA 93442	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.11	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Edgar L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 731 Marina Street		<b>Transaction ID:</b> 2306835	
City State Zip Code Morro Bay CA 93442	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.11	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edgar L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 731 Marina Street		<b>Transaction ID:</b> 2308576	
City State Zip Code Morro Bay CA 93442	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1433 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Audrey Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 408 Eskaton Cir		<b>Transaction ID:</b> 2305534	
City State Zip Code Grass Valley CA 95945	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Mr. Robert M. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address PO Box 130		<b>Transaction ID:</b> 2303386	
City State Zip Code Windsor CO 80550	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joan Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 2661 Key Largo Lane		<b>Transaction ID:</b> 2303725	
City State Zip Code Fort Lauderdale FL 33312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1434 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia H. Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 503 Dewolf		<b>Transaction ID:</b> 2308011	
City Brandon	State FL	Amount of Each Receipt this Period 111.00	
Zip Code 33511		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		

Full Name (Last, First, Middle Initial) <b>B.</b> Terry N. Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2311 Vistamont Drive		<b>Transaction ID:</b> 2307347	
City Decatur	State GA	Amount of Each Receipt this Period 50.00	
Zip Code 30033		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 ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Laura W. Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 2575 Peachtree Road # 18E		<b>Transaction ID:</b> 2300722	
City Atlanta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30305		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	411.00
<b>TOTAL</b> 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 1435 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sonja Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 63 Luther Shaw Road		<b>Transaction ID:</b> 2302705	
City Cumington	State MA	Zip Code 01026	Amount of Each Receipt this Period 50.00
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sonja Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 63 Luther Shaw Road		<b>Transaction ID:</b> 2308285	
City Cumington	State MA	Zip Code 01026	Amount of Each Receipt this Period 50.00
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Martha Stribling Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 974 Huffman Lane		<b>Transaction ID:</b> 2308436	
City Burlington	State NC	Zip Code 27215	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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1436 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert E Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 400 Holt Road		<b>Transaction ID: 2301333</b>	
City State Zip Code Highlands NC 28741		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired      Occupation Educator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Polly P Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 307 East 12th Street #4B		<b>Transaction ID: 2301942</b>	
City State Zip Code New York City NY 10003		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Freelance Designer      Occupation Costume Designer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1435.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Polly P Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 307 East 12th Street #4B		<b>Transaction ID: 2306573</b>	
City State Zip Code New York City NY 10003		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Freelance Designer      Occupation Costume Designer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1435.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	635.00
<b>TOTAL</b> This Period (last page this line 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 1437 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Miss Barbara Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 487 Coventry Ave		<b>Transaction ID:</b> 2305365
City State Zip Code Utica NY 13502	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mrs. Catherine Manz Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 85316 Coyote Creek Road		<b>Transaction ID:</b> 2302266
City State Zip Code Veneta OR 97487	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. June Corey Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 535 Gradyville Road # V212		<b>Transaction ID:</b> 2308018
City State Zip Code Newtown Square PA 19073	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2325.00
<b>TOTAL</b> This Period (last page this line 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 1438 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Judy L. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1802 Puritan Drive		<b>Transaction ID:</b> 2304956
City Irving State TX Zip Code 75061	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Betty J. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 49 Alpha Omega Road PO Box 68		<b>Transaction ID:</b> 2303996
City New Waverly State TX Zip Code 77358	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Rancher Aggregate Year-to-Date ▼ 400.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Frances H. Snedeker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 20 Linden Ave		<b>Transaction ID:</b> 2304040
City Larchmont State NY Zip Code 10538	Amount of Each Receipt this Period 16.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 688.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.50
<b>TOTAL</b> This Period (last page this line 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 1439 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elaine Snider		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 3 Arrowood Terrace		<b>Transaction ID:</b> 2308514
City State Zip Code Bethecla MD 20817	Amount of Each Receipt this Period 100.00	
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>B.</b> Ms. Jeanne Snodgrass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 10501 Lagrima De Oro NE		<b>Transaction ID:</b> 2303014
City State Zip Code Albuquerque NM 87111	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 ▼ 2100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jeanne Snodgrass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 10501 Lagrima De Oro NE		<b>Transaction ID:</b> 2308441
City State Zip Code Albuquerque NM 87111	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 ▼ 2100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1440 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Joyce R. Solo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 100 Dublin Road Apt. 2224		<b>Transaction ID:</b> 2301497
City State Zip Code Mankato MN 56001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth T Soloway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 755 Solana Drive		<b>Transaction ID:</b> 2301947
City State Zip Code Lafayette CA 94549	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Stanley D. Solvick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 30815 Hunters Drive, Apt. 1		<b>Transaction ID:</b> 2308434
City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1441 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kathryn Sorenson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 13200 SW 69th Avenue		<b>Transaction ID:</b> 2307635
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Miami-Dade County County Commissioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elsie F. Sorgenfrei		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 21120 Dubuque Road		<b>Transaction ID:</b> 2306518
City State Zip Code Snohomish WA 98290	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elsie F. Sorgenfrei		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 21120 Dubuque Road		<b>Transaction ID:</b> 2306627
City State Zip Code Snohomish WA 98290	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line 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 1442 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Barbara C Sorkin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 6760 Kenwood Forest Lane		<b>Transaction ID:</b> 2304293
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DHHS/NIH	Occupation Scientist/Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Sowder		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 287 Hihill Way		<b>Transaction ID:</b> 2302344
City State Zip Code El Cajon CA 92020	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Barbara Spadanuta		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 12 Coventry Road		<b>Transaction ID:</b> 2301249
City State Zip Code Baldwin NY 11510	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	430.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1443 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Gail Spane</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1101 G Street SE		<b>Transaction ID: 2307796</b>	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation TAX ADVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Betty Sparks</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 2017 884 SW Wakeetum		<b>Transaction ID: 2306353</b>	
City State Zip Code Waldport OR 97394		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Meredith R. Speers</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6401 Maloney Ave		<b>Transaction ID: 2304491</b>	
City State Zip Code Key West FL 33040		Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cray Research Occupation Account Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	253.00
<b>TOTAL</b> This Period (last page this line 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 1444 / 2072
	(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. Norman D. Sperber

Mailing Address 3737 Moraga Avenue

City State Zip Code  
San Diego CA 92117

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303648

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandra Spiewak

Mailing Address 7020 S. Forrest Side Road

City State Zip Code  
Brimley MI 49715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
War Memorial Hospital Histotechnologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305111

Amount of Each Receipt this Period  
21.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ann L Sprague

Mailing Address 3445 W. Foxes Den Dr

City State Zip Code  
Tucson AZ 85745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. of Arizona Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301131

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	171.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1445 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Duane C. Spriestersbach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 2 Longview Knoll NE		<b>Transaction ID:</b> 2308346
City State Zip Code Iowa City IA 52240	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 2450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane H. St. Clair		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 12 Waterford Drive		<b>Transaction ID:</b> 2300435
City State Zip Code Worcester MA 01602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Ann M. Stack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 4131 N. Meridian Street		<b>Transaction ID:</b> 2302376
City State Zip Code Indianapolis IN 46208	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line 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 1446 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Donna M. Stader		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 5306 Lacy Way		<b>Transaction ID:</b> 2301402	
City State Zip Code Greenwood IN 46142	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Franklin Township Comm. Schls	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) <b>B.</b> Ms. Mae Stadler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 28 Bretano Way		<b>Transaction ID:</b> 2305948	
City State Zip Code Greenbrae CA 94904	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marilyn Stagner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1402 W 5th Street		<b>Transaction ID:</b> 2306920	
City State Zip Code Newton KS 67114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1447 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David G. Stahl, D.M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 100 Magnolia Road		<b>Transaction ID:</b> 2308242	
City State Zip Code Manchester NH 03104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Stephanie M. Staley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 93 Frederick St # B		<b>Transaction ID:</b> 2306066	
City State Zip Code Santa Cruz CA 95062	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Betty Jean Stallings		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 651 Sinex #L-116		<b>Transaction ID:</b> 2301940	
City State Zip Code Pacific Grove CA 93950	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line 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 1448 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sarah J. Stanley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 28170 SW Boberg Rd Ste A		<b>Transaction ID:</b> 2307713
City State Zip Code Wilsonville OR 97070	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer IOX Assesment Assoc.	Occupation Education R&D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Linda Stansfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 71 Lake Drive		<b>Transaction ID:</b> 2308308
City State Zip Code Mountain Lake NJ 07046	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Mr. John B. Stearns		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 73 Margin Street, Apt. T1		<b>Transaction ID:</b> 2306152
City State Zip Code Peabody MA 01960	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1449 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Georgia Phelps Steiger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2131 Lakeview Drive 604 Fountainhead		<b>Transaction ID:</b> 2306668
City State Zip Code Sebring FL 33870	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Andrea L. Stein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 302 16th Street		<b>Transaction ID:</b> 2308543
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth Stein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 927 S. Carolina Avenue SE		<b>Transaction ID:</b> 2306625
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1450 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sally Stein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 830 De Mun Ave Apt 101		<b>Transaction ID:</b> 2303995	
City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 25.00		
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>B.</b> Ms. Susan L. Steinhauer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 425 North Bundy Drive		<b>Transaction ID:</b> 2302035	
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self 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) <b>C.</b> Ms. Joni Steinman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5290 Canterbury Drive		<b>Transaction ID:</b> 2304236	
City State Zip Code San Diego CA 92116	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AUSMS Enterprises health care strategist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1040.00
<b>TOTAL</b> This Period (last page this line 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 1451 / 2072  
(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. Bea Steinman

Mailing Address 42365 Kansas Street

City State Zip Code  
Palm Desert CA 92211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304215

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jackie Stenger

Mailing Address 719 North 3rd, #201

City State Zip Code  
Tacoma WA 98403

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304149

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Aaron Stern

Mailing Address 462 1st Street

City State Zip Code  
Brooklyn NY 11215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYC Transit Budget Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 2303364

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **545.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1452 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Lorna A. Stern</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 80783		<b>Transaction ID: 2302367</b>	
City State Zip Code Seattle WA 98108		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Pioneer Van Lines, Inc. Owner/President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Renee L. Stevens</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 821 Camino de las Trampas		<b>Transaction ID: 2308088</b>	
City State Zip Code Santa Fe NM 87501		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Katherine R. Stevenson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3926 N Ridgfield C		<b>Transaction ID: 2305316</b>	
City State Zip Code Milwaukee WI 53211		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Pro Health Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	530.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1453 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Myron F. Steves</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 2320 Blue Bonnet Boulevard		<b>Transaction ID: 2298835</b>	
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Myron F. Steves and Co.	Occupation Insurance Broker		
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>B. Ms. Margaret E. Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address PO Box 1019		<b>Transaction ID: 2308507</b>	
City State Zip Code Kingsland TX 78639	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Faith Stewart-Gordon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 94 Curtis Road		<b>Transaction ID: 2302144</b>	
City State Zip Code Bridgewater CT 06752	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6300.00
<b>TOTAL</b> This Period (last page this line 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 1454 / 2072  
(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. Donna C. Stimpson

Mailing Address 24 Dryden Drive

City State Zip Code  
Meriden CT 06450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CT Alcohol and Drug Abuse Comm Planner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 308.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308052

Amount of Each Receipt this Period  
208.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary P Stoddard

Mailing Address 3705 Torino Drive

City State Zip Code  
Santa Barbara CA 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Bookkeeper

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305628

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kellie Stoddart

Mailing Address 1347 Sacramento Street

City State Zip Code  
Berkeley CA 94702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303870

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 338.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1455 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tracy Stone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2041 Blake Ave		<b>Transaction ID:</b> 2304243	
City State Zip Code Los Angeles CA 90039	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Architect Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Holly Stone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 13220 Westmeath Lane		<b>Transaction ID:</b> 2302807	
City State Zip Code Clarksville MD 21029	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Bonnie C Stone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 395 Broadway, # 4E		<b>Transaction ID:</b> 2307089	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Women In Need Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Non-Profit Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1456 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alan J. Strauss		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 67 Freemont Street		<b>Transaction ID:</b> 2301294	
City State Zip Code Lexington MA 02421	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>B.</b> Ms. Virginia C. Street		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 430 Village Place, Apt. 314F		<b>Transaction ID:</b> 2304790	
City State Zip Code Longwood FL 32779	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nellie B. Strickland		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 203 Yoakum Pkwy Apt. 614		<b>Transaction ID:</b> 2308025	
City State Zip Code Alexandria VA 22304	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 ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1457 / 2072  
(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)  
Dr. Sandra Strine

Mailing Address 7 Hilltop Rd

City Wallingford State PA Zip Code 19086

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Family Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302763

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lucy B Stroock

Mailing Address 55 Frost St.

City Cambridge State MA Zip Code 02140

FEC ID number of contributing federal political committee. C

Name of Employer City of Cambridge Occupation retired teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307400

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Richy Stroud

Mailing Address 15838 Fleetwood Oaks Drive

City Houston State TX Zip Code 77079

FEC ID number of contributing federal political committee. C

Name of Employer Stroud Systems, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2302055

Amount of Each Receipt this Period 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1458 / 2072  
(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. Celia J. Stuart-Powles

Mailing Address 3610 E. 24th Street

City State Zip Code  
Tulsa OK 74114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fluor Daniel Wms. Bros. Electrical Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304600

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marsha M. Studer

Mailing Address 2237 Edgcumbe Road

City State Zip Code  
Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allina Health System Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305629

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha J. Sullivan

Mailing Address 2354 Carmel Valley Rd

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None REQUESTED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305025

Amount of Each Receipt this Period  
24.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **139.50**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1459 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ethel H. Sumler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 2090 Claremont Circle		<b>Transaction ID:</b> 2301376
City State Zip Code Memphis TN 38114	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Karen A. Summers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 401 Hillcrest Way		<b>Transaction ID:</b> 2304616
City State Zip Code Bellingham WA 98225	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ordained Minister Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karen Sundback		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 21 Kenmore Road		<b>Transaction ID:</b> 2301429
City State Zip Code Bloomfield CT 06002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1015.00
<b>TOTAL</b> This Period (last page this line 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 1460 / 2072						
	(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) <b>A.</b> Ms. Pamela Svihel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 7	
Mailing Address 8721 Forestview Lane N		<b>Transaction ID:</b> 2307640	
City State Zip Code Maple Grove MN 55369	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pauline Sweet		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 35 Willow Pl		<b>Transaction ID:</b> 2302837	
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathryn B. Swenson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 514 North Moore		<b>Transaction ID:</b> 2307327	
City State Zip Code Moscow ID 83843	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1461 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anne C. Symonds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 2625 13th Avenue W. Apt. 401		<b>Transaction ID:</b> 2303746
City State Zip Code Seattle WA 98119	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PACE Engineers	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jean Szilva		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 48 Lafountain St		<b>Transaction ID:</b> 2305478
City State Zip Code Winooski VT 05404	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Vermont	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Estelle Tafoya		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 598		<b>Transaction ID:</b> 2299673
City State Zip Code Red Lodge MT 59068	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1462 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Estelle Tafoya		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 598		<b>Transaction ID:</b> 2304876	
City Red Lodge	State MT	Zip Code 59068	Amount of Each Receipt this Period 25.00
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Estelle Tafoya		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address P.O. Box 598		<b>Transaction ID:</b> 2308771	
City Red Lodge	State MT	Zip Code 59068	Amount of Each Receipt this Period 25.00
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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth B. Talley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1302 Anglers Lane		<b>Transaction ID:</b> 2301946	
City Lutz	State FL	Zip Code 33548	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 ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1463 / 2072  
(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. Virginia R. Tappert

Mailing Address 4103 N. Kenneth Avenue

City State Zip Code  
Chicago IL 60641

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306851

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Arlene Tarbet

Mailing Address 31015 Fargo Street

City State Zip Code  
Livonia MI 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Providence Hospital Southf Emergency Room Registrar

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2301290

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Selma E. Targovnik

Mailing Address 3706 E Rancho Dr

City State Zip Code  
Paradise Vly AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carl Hayden Hospital VA Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2299982

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1464 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Priscilla W Tate</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 6612 Meadowpark Ct.		<b>Transaction ID: 2304417</b>	
City State Zip Code Benbrook TX 76132	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Philip B. Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 355 Casa Verde Way Apt. 8		<b>Transaction ID: 2303729</b>	
City State Zip Code Monterey CA 93940	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Penelope A. Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1643 Seascape Blvd.		<b>Transaction ID: 2304485</b>	
City State Zip Code Aptos CA 95003	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	285.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1465 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven D. Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address PO Box 1241		<b>Transaction ID:</b> 2302338
City State Zip Code O Fallon IL 62269	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Betsy N Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 8214 Cedar Street		<b>Transaction ID:</b> 2302324
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Square dance caller Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Fannie T. Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 8301 Old Sauk Rd Apt 303		<b>Transaction ID:</b> 2308573
City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1466 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Julie Taymor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 874 Broadway		<b>Transaction ID:</b> 2408916	
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Carol J Teal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3109 Cartwright Dr.		<b>Transaction ID:</b> 2304375	
City State Zip Code Raleigh NC 27612	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Executive Director	Aggregate Year-to-Date ▼ 1322.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Edith Terwilliger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2008 Arthur Avenue		<b>Transaction ID:</b> 2304163	
City State Zip Code Charleston IL 61920	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	359.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1467 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Roy Thatcher</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 5937 W Tucson Estates Pkwy		<b>Transaction ID: 2307386</b>
City State Zip Code Tucson AZ 85713	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B. Ms. Shirley T. Thatcher</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3663 Thorn Road		<b>Transaction ID: 2304059</b>
City State Zip Code Sebastopol CA 95472	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Constance L. Thatcher</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 220 Congress Street Apt. 5C		<b>Transaction ID: 2308401</b>
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Banker	
Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1468 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pamela Thayer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 48 Beaver Pond Road		<b>Transaction ID:</b> 2306723
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. Bernard Theisen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1404 Kensington Rd		<b>Transaction ID:</b> 2302770
City State Zip Code Grosse Pointe Park MI 48230	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Legal Aid and Defenders Association Paralegal	Aggregate Year-to-Date ▼ 425.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. William E. Thibodeaux		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 113 Oakdale Loop		<b>Transaction ID:</b> 2301511
City State Zip Code Houma LA 70360	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<b>TOTAL</b> 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 1469 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan A Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1871 Camino a Los Cerros		<b>Transaction ID: 2300615</b>
City State Zip Code Menlo Park CA 94025	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation marketing 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>B. Ms. Eleanore C. Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 628 Cambridge Station Road		<b>Transaction ID: 2305179</b>
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C. Mrs. Carroll A. Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 115 La Senda Road		<b>Transaction ID: 2300728</b>
City State Zip Code Los Alamos NM 87544	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LANL Occupation Industrial Hyg. Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> This Period (last page this line 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 1470 / 2072  
(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 P. Thomases

Mailing Address 929 Park Avenue

City State Zip Code  
New York NY 10028

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302864

Amount of Each Receipt this Period  
1000.00

**B.** 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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306262

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Delberta B. Thomson

Mailing Address 2510 Appian Court

City State Zip Code  
Alexandria VA 22306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305828

Amount of Each Receipt this Period  
21.00

**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 1471 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William Thornton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 8 Windsor Place		<b>Transaction ID:</b> 2299945
City State Zip Code Mebane NC 27302	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mrs. Nina Thorp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 12614 Rail Lane		<b>Transaction ID:</b> 2300494
City State Zip Code Palos Park IL 60464	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Student Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Eugene Threadgill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 3128 Gracefield Road #HS217		<b>Transaction ID:</b> 2299285
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1472 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Eugene Threadgill</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 3128 Gracefield Road #HS217		<b>Transaction ID: 2307509</b>	
City State Zip Code Silver Spring MD 20904		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Frances Tibbitts</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 205		<b>Transaction ID: 2301934</b>	
City State Zip Code Pacific Palisades CA 90272		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Grace W Tiessen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 714 Prospect Blvd		<b>Transaction ID: 2304012</b>	
City State Zip Code Pasadena CA 91103		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1473 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Johanna Tilbury		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 2595		<b>Transaction ID:</b> 2304075	
City Kamuela	State HI	Zip Code 96743	Amount of Each Receipt this Period 40.00
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>B.</b> Ms. Heather Tillman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1291 E. Marrowstone Rd.		<b>Transaction ID:</b> 2305787	
City Nordland	State WA	Zip Code 98358	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Property Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anne Tirone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 30 Stonybrook Lane		<b>Transaction ID:</b> 2303550	
City Buffalo	State NY	Zip Code 14221	Amount of Each Receipt this Period 50.00
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1474 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Annette Tomasetti-Horvath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 94 Moseman Avenue		<b>Transaction ID:</b> 2306935
City State Zip Code Katonah NY 10536	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ruthellen Toole		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 70 Century Drive		<b>Transaction ID:</b> 2307823
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Ellen Torrance		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 22C Heritage Crest		<b>Transaction ID:</b> 2308713
City State Zip Code Southbury CT 06488	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1475 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lois M Tow		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 455 Hazelwood Ave.		<b>Transaction ID:</b> 2302845	
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 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>B.</b> Ms. Marcia K Townley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10 East 70th Street, #2D		<b>Transaction ID:</b> 2302843	
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 Retired	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sally M. Tramoni		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1075 Legato Drive		<b>Transaction ID:</b> 2307189	
City State Zip Code Las Vegas NV 89123	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Bellagio Casino Hotel Card Dealer	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1476 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Donald M. Traunstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 720 West End Avenue Apartment 501		<b>Transaction ID:</b> 2304199
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mr. Ernest J. Tress		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address PO Box 51		<b>Transaction ID:</b> 2299624
City State Zip Code Arthurdale WV 26520	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ernest J. Tress		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address PO Box 51		<b>Transaction ID:</b> 2303371
City State Zip Code Arthurdale WV 26520	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1477 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Merle Tresser</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1643 N Larrabee Street Unit I		<b>Transaction ID: 2301950</b>	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tresser Marketing Resources		Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Phyllis Triple</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 549 W. 123rd Street, Apt. 21C		<b>Transaction ID: 2302888</b>	
City State Zip Code New York NY 10027		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Union Theological Seminary		Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Wenent Trich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address PO Box 127		<b>Transaction ID: 2301241</b>	
City State Zip Code Judson TX 75660		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1478 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard S Tron		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3415 SE Steele St.		<b>Transaction ID:</b> 2301420
City State Zip Code Portland OR 97202	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Reed College	Occupation Professor (ret.)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard S Tron		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 3415 SE Steele St.		<b>Transaction ID:</b> 2308667
City State Zip Code Portland OR 97202	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Reed College	Occupation Professor (ret.)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert F. Trost		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 2678 Route 43		<b>Transaction ID:</b> 2301459
City State Zip Code Averill Park NY 12018	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1479 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Margret S. Trozky</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 27 Saxham Way		<b>Transaction ID: 2303937</b>	
City Wynnewood	State PA	Zip Code 19096	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital of Philadelphia	Occupation Pediatrician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jo Anne J. Trow</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 1835 N.W. Juniper Place		<b>Transaction ID: 2307866</b>	
City Corvallis	State OR	Zip Code 97330	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 ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Camille Truchel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 418 West 46 Street		<b>Transaction ID: 2305305</b>	
City New York	State NY	Zip Code 10036	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer DC Comics		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line 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 1480 / 2072  
(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)  
Mrs. Jo Denton Tuck

Mailing Address 4242 Lomo Alto Drive, Apt S28

City State Zip Code  
Dallas TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306908

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jo Denton Tuck

Mailing Address 4242 Lomo Alto Drive, Apt S28

City State Zip Code  
Dallas TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307246

Amount of Each Receipt this Period  
111.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. William Turgeon

Mailing Address 28272 Driza

City State Zip Code  
Mission Viejo CA 92692

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305426

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	236.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1481 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Molly B Turlish</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1070 Beacon Street #5C		<b>Transaction ID: 2301943</b>	
City State Zip Code Brookline MA 02446	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation consultant	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary L. Turner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 945 Lawton Street		<b>Transaction ID: 2308720</b>	
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Linda L Turner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 198 Fishing Cove Rd		<b>Transaction ID: 2307896</b>	
City State Zip Code North Kingstown RI 02852	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Systems Resource Mgmt Inc Occupation Technical editor	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line 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 1482 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol Tveit		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 99 Clarendon Ave		<b>Transaction ID:</b> 2299571	
City Avondale Est	State GA	Zip Code 30002	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Twersky		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 14848 Manuella Rd.		<b>Transaction ID:</b> 2304031	
City Los Altos	State CA	Zip Code 94022	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Katharine A Uhle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2010 Stanley		<b>Transaction ID:</b> 2303013	
City Ann Arbor	State MI	Zip Code 48104	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	771.00
<b>TOTAL</b> This Period (last page this line 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 1483 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mrs. Margaret Ulf</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 2474 Colvin Road		<b>Transaction ID: 2305273</b>	
City State Zip Code Amissville VA 20106	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Ms. Patricia S. Underwood</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4790 Velasquez		<b>Transaction ID: 2307019</b>	
City State Zip Code Pensacola FL 32504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Lorri Underwood</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7912 E Yorkshire Dr		<b>Transaction ID: 2306292</b>	
City State Zip Code Saint Louis MO 63123	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation consulting Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1484 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Ungs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5316 Forte Lane		<b>Transaction ID:</b> 2305431	
City State Zip Code Concord CA 94521	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tetra Tech Inc.	Occupation Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret H Upton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 5776 Valente Pl		<b>Transaction ID:</b> 2306722	
City State Zip Code Sarasota FL 34238	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Alfred Urban		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 216 Kilburn Road		<b>Transaction ID:</b> 2301291	
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line 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 1485 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Cristina Uribe</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 4212 26th Street, Suite A		<b>Transaction ID: 2301957</b>	
City State Zip Code San Francisco CA 94131		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret E. VanGundy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1176 Lagonda Avenue		<b>Transaction ID: 2304614</b>	
City State Zip Code Springfield OH 45503		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Esther VanHaften</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3404 Dartmouth Drive		<b>Transaction ID: 2298774</b>	
City State Zip Code Midland MI 48642		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation house wife			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1486 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Esther VanHaften		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 3404 Dartmouth Drive		<b>Transaction ID:</b> 2303760	
City State Zip Code Midland MI 48642	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation house wife Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ruth W. VanHorn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 211 Willow Valley Square C105		<b>Transaction ID:</b> 2299538	
City State Zip Code Lancaster PA 17602	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Andrea VanHouweling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 920 Lincoln Avenue		<b>Transaction ID:</b> 2305963	
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line 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 1487 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy VanLeuwen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 2450 Burleigh Street		<b>Transaction ID:</b> 2306672
City State Zip Code West Bloomfield MI 48324	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Mrs. Dee VanVleck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 930 Evergreen Drive		<b>Transaction ID:</b> 2301601
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Housewife	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia VanVoorhis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 6639 Smith Road		<b>Transaction ID:</b> 2308342
City State Zip Code Loveland OH 45140	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1488 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Louise VanWinkle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 61 High Acres Drive		<b>Transaction ID:</b> 2303027
City State Zip Code Poughkeepsie NY 12603	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Ellen J. Vargyas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 6112 29th Street, NW		<b>Transaction ID:</b> 2307487
City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EEOC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Eileen M. Vastola		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2243 Saint Louis Avenue		<b>Transaction ID:</b> 2308424
City State Zip Code Saint Louis MO 63106	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1489 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Katherine M. Verdery</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 730 Ft. Washington Ave #5B		<b>Transaction ID: 2302841</b>	
City State Zip Code New York NY 10040	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer City University of New York	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Catharine Vernon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 214 N. Columbus Street		<b>Transaction ID: 2304793</b>	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HUD	Occupation Mis 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>C. Ms. D. Jean Veta</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5507 Spruce Tree Avenue		<b>Transaction ID: 2303448</b>	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1490 / 2072		
	<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) <b>A.</b> Mr. Virgil E Vickers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 70 Windermere Road		<b>Transaction ID:</b> 2303366	
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Louesa Vig		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 8360 E. Via De Viva		<b>Transaction ID:</b> 2306786	
City State Zip Code Scottsdale AZ 85258	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Doris Vinnedge		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 202 Taylor Avenue S.		<b>Transaction ID:</b> 2306583	
City State Zip Code North Bend WA 98045	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1491 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Donna Vocate		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 2406 W. 6th Street		<b>Transaction ID:</b> 2301052	
City State Zip Code Russellville AR 72801		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Arkansas Tech. University Professor / Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Judith Voet		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 9 Tanglewood Circle		<b>Transaction ID:</b> 2307549	
City State Zip Code Rose Valley PA 19086		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Swarthmore College Retired professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Jane Volk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 541 E Nelson Ave		<b>Transaction ID:</b> 2300143	
City State Zip Code Alexandria VA 22301		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation EMILY's List Fundraiser			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1492 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> M.K.T. Voyvodick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 1836 9th Avenue		<b>Transaction ID:</b> 2307584	
City State Zip Code San Francisco CA 94122	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Tax Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Julie Wade		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 424 16th Avenue E.		<b>Transaction ID:</b> 2306247	
City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 40.00		
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>C.</b> Ms. Claire Wadlington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 137 Monadnock Road		<b>Transaction ID:</b> 2307119	
City State Zip Code Chestnut Hill MA 02467	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FA Technology Ventures Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1493 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Ruth Wagner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 901 Mariner Way		<b>Transaction ID: 2307370</b>	
City State Zip Code Harbour Island FL 33602	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wagner, Vaughan et al.	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>B. Mr. Travis A. Wagner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7720 Ringneck Drive		<b>Transaction ID: 2306010</b>	
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Ms. Betty L. Wagner</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 900 University St Apt 17Q		<b>Transaction ID: 2303666</b>	
City State Zip Code Seattle WA 98101	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ. of Washington		Occupation Librarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1494 / 2072  
(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. Ruby M. Wahrhaftig

Mailing Address 2500 N Rosemont Blvd Apt 231

City Tucson State AZ Zip Code 85712

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302963

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Linda Waldman

Mailing Address 27530 Spring Valley

City Farmington Hills State MI Zip Code 48336

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2302095

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ellen Waldman

Mailing Address 78 Schindler Ct

City Parsippany State NJ Zip Code 07054

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2304333

Amount of Each Receipt this Period  
25.00

**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:	PAGE 1495 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda B. Walker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 2931 Albans Road		<b>Transaction ID:</b> 2307117
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann Wallace		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 29 Pinckney Street		<b>Transaction ID:</b> 2300007
City State Zip Code Boston MA 02114	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Ms. Barbara M Walls		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 16836 N. 111th Ave		<b>Transaction ID:</b> 2300661
City State Zip Code Sun City AZ 85351	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1496 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ann Walraven		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 209 Menlo Park Road		<b>Transaction ID:</b> 2305007
City State Zip Code Schenectady NY 12309	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan Walsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 228 E. 25th Street, Apt. 7		<b>Transaction ID:</b> 2300431
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Aileen E. Waltner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 333 Andover Dr Apt		<b>Transaction ID:</b> 2305232
City State Zip Code Burbank CA 91504	Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	218.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1497 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann Wansley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 51 Chula Lane		<b>Transaction ID:</b> 2301259	
City State Zip Code San Francisco CA 94114		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1265.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ginger M. Ward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5627 N. Invergordon Road		<b>Transaction ID:</b> 2308481	
City State Zip Code Paradise Valley AZ 85253		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Southwest Human Development Human Resources Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Patricia G. Ward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 412 Stanley Drive		<b>Transaction ID:</b> 2304376	
City State Zip Code Santa Barbara CA 93105		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line 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 1498 / 2072  
(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. Rebecca M. Wareham

Mailing Address 235 NE 61st Road

City State Zip Code  
Warrensburg MO 64093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2007

**Transaction ID: 2302856**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Warfield

Mailing Address 2404 South 3rd Street

City State Zip Code  
Effingham IL 62401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VA Medical Ctr Nurse Practitioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2007

**Transaction ID: 2298769**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Rev. Theodora Elkinton Waring

Mailing Address 45 Rochester Road

City State Zip Code  
Newton MA 02458

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  
10 / 17 / 2007

**Transaction ID: 2302838**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1499 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer T. Warren		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 10712 NW 11th Avenue		<b>Transaction ID:</b> 2307191
City State Zip Code Vancouver WA 98685	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Catherine Watson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 914		<b>Transaction ID:</b> 2306850
City State Zip Code Penney Farms FL 32079	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary C. Watson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 2801 Benton Blvd.		<b>Transaction ID:</b> 2308697
City State Zip Code Minneapolis MN 55416	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Volunteer	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1500 / 2072
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Laura Watson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 7770 Brigham Rd		<b>Transaction ID:</b> 2304788	
City State Zip Code Gates Mills OH 44040	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University Chicago	Occupation VP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Watts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 520 Montecillo Rd		<b>Transaction ID:</b> 2307822	
City State Zip Code San Rafael CA 94903	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 450.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas E. Weakley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 48 School Street		<b>Transaction ID:</b> 2306303	
City State Zip Code Arlington VT 05250	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	255.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1501 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Alice H. Webster		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 52 Forest Beach Ext		<b>Transaction ID:</b> 2302092
City State Zip Code S. Chatham MA 02659	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Madeline A Weinstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address One Fifth Avenue # 9J		<b>Transaction ID:</b> 2303144
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Weinstein-Winter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 46 Homestead Street		<b>Transaction ID:</b> 2300065
City State Zip Code Waban MA 02468	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Clinical Social Worker Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1502 / 2072  
(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. Rita Weiss

Mailing Address 3526 Avenida Sierra

City State Zip Code  
Escondido CA 92029

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305924

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Weiss

Mailing Address 74 Cove Road

City State Zip Code  
Oyster Bay NY 11771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2300937

Amount of Each Receipt this Period  
4900.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey A. Weiss

Mailing Address 8 Whitney Drive

City State Zip Code  
Lincoln RI 02865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307881

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7425.00**

**TOTAL** This Period (last page this line 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 1503 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary E Weisskopf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1402 Chandler Road		<b>Transaction ID:</b> 2307280
City State Zip Code Huntsville AL 35801	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Alabama in Huntsville	Occupation Assistant professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan Welch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 555 Ridge Avenue		<b>Transaction ID:</b> 2306622
City State Zip Code State College PA 16803	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Penn State	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Welden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 828 Indiana Avenue		<b>Transaction ID:</b> 2307293
City State Zip Code Iowa Falls IA 50126	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Welden Steam Generators	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1504 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Juanita M. Wellington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 7801 76th Street, S.W.		<b>Transaction ID:</b> 2307385	
City State Zip Code Lakewood WA 98498	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Magellan Health Services	Occupation EAP Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kay Wells		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 106 Wisteria Circle		<b>Transaction ID:</b> 2306238	
City State Zip Code Cloverdale CA 95425	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Magda Wendorff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 2913 Windmill Road		<b>Transaction ID:</b> 2308707	
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1505 / 2072  
(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. Audrey Wennink

Mailing Address 610 W. Briar Place

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cambridge Systematics transportation planner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302746

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Eugenie Werbel

Mailing Address 2608A Peter Street

City State Zip Code  
Honolulu HI 96816

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298732

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucille Werlinich

Mailing Address 18 Ponds Lane

City State Zip Code  
Purchase NY 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Joseph C Abelés Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2301933

Amount of Each Receipt this Period  
250.00

**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 1506 / 2072
	<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) <b>A.</b> Ms. Lona R. Wessel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 302 Santa Helena		<b>Transaction ID:</b> 2307273
City State Zip Code Solana Beach CA 92075	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Sallie Westheimer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1908 Dexter Avenue		<b>Transaction ID:</b> 2308014
City State Zip Code Cincinnati OH 45206	Amount of Each Receipt this Period 111.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	
Aggregate Year-to-Date ▼ 261.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Hazel Westly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 19100 E Burnside St Apt 117		<b>Transaction ID:</b> 2305709
City State Zip Code Portland OR 97233	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	386.00
<b>TOTAL</b> This Period (last page this line 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 1507 / 2072  
(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. Elizabeth Wheeler

Mailing Address 1795 Middletown Avenue

City State Zip Code  
Northford CT 06472

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2308252

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Robin S. White

Mailing Address 301 East 38 Street, # 141

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Women In Need, Inc. Occupation Fundraiser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305211

Amount of Each Receipt this Period  
33.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Brenda White

Mailing Address P.O. Box 912

City State Zip Code  
Minerva NY 12851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2306816

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 283.00

**TOTAL** This Period (last page this line 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 1508 / 2072						
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn White		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 2564 26TH Ave W		<b>Transaction ID:</b> 2303537	
City State Zip Code Seattle WA 98199	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Diane Whitehead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address PO Box 756		<b>Transaction ID:</b> 2304170	
City State Zip Code Greeneville TN 37744	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Psychologist	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy B. Whitmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 32160 SW Cypress Pt		<b>Transaction ID:</b> 2302867	
City State Zip Code Wilsonville OR 97070	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	730.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1509 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kathryn J Whitmire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 46-192 Lilipuna Road		<b>Transaction ID:</b> 2303244	
City Kaneohe      State HI      Zip Code 96744	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self-employed	Occupation Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Donna Whitney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 10455 Albertsworth Lane		<b>Transaction ID:</b> 2303456	
City Los Altos Hills      State CA      Zip Code 94024	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation Retired	
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>C.</b> Ms. Martha Whittaker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 4462 Machado Drive		<b>Transaction ID:</b> 2300388	
City Concord      State CA      Zip Code 94521	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer State of California		Occupation Librarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1510 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Billie L. Whittaker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1018 Lavender Place		<b>Transaction ID:</b> 2303936
City State Zip Code Hercules CA 94547	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Aurelia Wick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 52015 Avenida Obregon		<b>Transaction ID:</b> 2303046
City State Zip Code La Quinta CA 92253	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Emily L. Wick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 27 Atlantic Avenue		<b>Transaction ID:</b> 2308453
City State Zip Code Rockport MA 01966	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1511 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellen M. Widiss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 316 Kimball Road		<b>Transaction ID:</b> 2303453	
City State Zip Code Iowa City IA 52245	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Occupation REQUESTED		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Patricia R. Widmayer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1835 Ashland Ave		<b>Transaction ID:</b> 2301593	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Widmayer & Associates Consultant/Entrepreneur		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Caroline Widmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3280 W. Roxboro Road NE		<b>Transaction ID:</b> 2305207	
City State Zip Code Atlanta GA 30324	Amount of Each Receipt this Period 23.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Self Psychologist		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	473.00
<b>TOTAL</b> 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 1512 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda Wieser		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3364 Tacoma Circle		<b>Transaction ID:</b> 2302960	
City State Zip Code Ann Arbor MI 48108	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Ms. Diane Wilbur		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 11555 Mountain Wood Drive		<b>Transaction ID:</b> 2308721	
City State Zip Code Thompsonville MI 49683	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Teresa L Wilde		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4847 Alminar Avenue		<b>Transaction ID:</b> 2304563	
City State Zip Code La Canada CA 91011	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Banker	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1513 / 2072
	(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. Ann K. Wileman

Mailing Address P.O. Box 8

City State Zip Code  
South Bristol ME 04568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2306053

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Wilfong

Mailing Address 314 Partridge Road

City State Zip Code  
E Dummerston VT 05346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307367

Amount of Each Receipt this Period  
1200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanette B Wilkins

Mailing Address 4602 Dickson St.

City State Zip Code  
Houston TX 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
W&T Offshore cin. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2304853

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1265.00</b>
<b>TOTAL</b> This Period (last page this line 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 1514 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dolores T. Willey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 310 Broady Lane		<b>Transaction ID:</b> 2307813
City State Zip Code Maryville TN 37803	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 100 Spear Street Suite 1510		<b>Transaction ID:</b> 2306512
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Joseph Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 401 N. Du Quion Street # 4		<b>Transaction ID:</b> 2301512
City State Zip Code Benton IL 62812	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1515 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Janet Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2050 Danish Landing Rd		<b>Transaction ID:</b> 2302164
City State Zip Code Grayling MI 49738	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carmen J Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 305 Centre St.		<b>Transaction ID:</b> 2304471
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Pennsylvania Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Judith K Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 13 Ute Cir		<b>Transaction ID:</b> 2301949
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 1665.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Williams, Stern & Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation research Aggregate Year-to-Date ▼ 4335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1765.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1516 / 2072
	<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. Donna L. Williamson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 52 Nace Avenue		Transaction ID: 2306062	
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 865.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Ms. Janet E. Williamson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1611 Kriste Ct.		Transaction ID: 2300646	
City State Zip Code St. Louis MO 63131	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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Sandor Willis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3279 January Avenue, Apt. 4		Transaction ID: 2306941	
City State Zip Code Saint Louis MO 63139	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1385.00
<b>TOTAL</b> This Period (last page this line 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 1517 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jonathan A. Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 3289 Arundel on The Bay Rd.		<b>Transaction ID:</b> 2307609
City State Zip Code Annapolis MD 21403	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Diana Wimberley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 13001 Dulaney Valley Rd		<b>Transaction ID:</b> 2304022
City State Zip Code Glen Arm MD 21057	Amount of Each Receipt this Period 10.00	
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>C.</b> Ms. Elaine K. Winik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 100 Sunrise Avenue Apt. 325		<b>Transaction ID:</b> 2302884
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 50.00	
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 ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1060.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1518 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elaine K. Winik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 100 Sunrise Avenue Apt. 325		<b>Transaction ID:</b> 2307858
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol Winograd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 103 E. 75th Street, # 9FE		<b>Transaction ID:</b> 2307021
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Patricia Winters		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1114 Ariana Road		<b>Transaction ID:</b> 2299894
City State Zip Code San Marcos CA 92069	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO	
Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1519 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbeur Wise		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1616 Via Garfias		<b>Transaction ID:</b> 2302360	
City State Zip Code Palisades Vrds Est CA 90274		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Grand House Mgt. Co. Project Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy B. Wise		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 91 Blue Hills Road		<b>Transaction ID:</b> 2302891	
City State Zip Code Amherst MA 01002		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jamie G. R. Wolf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 812 N. Foothill Road		<b>Transaction ID:</b> 2301937	
City State Zip Code Beverly Hills CA 90210		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1520 / 2072						
	(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. Lois Wolf

Mailing Address 239 Central Park W. #10C

City State Zip Code  
New York NY 10024

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2007

**Transaction ID:** 2299907

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elisa Wolfe

Mailing Address P.O. Box 516

City State Zip Code  
Granville OH 43023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 2304114

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bettina H. Wolff

Mailing Address 171 Ridgeview Circle

City State Zip Code  
Lake Lure NC 28746

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  
MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 2302895

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	360.00
<b>TOTAL</b> This Period (last page this line 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 1521 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Wolff-Reichert</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 45 Penhurst Park		<b>Transaction ID: 2302280</b>	
City State Zip Code Buffalo NY 14222	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mrs Anne B. Wolfgang</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 536 Birch Mountain Road		<b>Transaction ID: 2308087</b>	
City State Zip Code Marchester CT 06040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Potter	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Rosalind Wolfson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 4565 Cocoplum Way		<b>Transaction ID: 2303777</b>	
City State Zip Code Delray Beach FL 33445	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1522 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. E. Dollie Totaro Wolverton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 9414 Crosby Road		<b>Transaction ID:</b> 2303177
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer federal government dhhs Occupation manager-educator	Aggregate Year-to-Date ▼ 3750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Vivian Wood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 10015 West Royal Oak Road Apt. 133		<b>Transaction ID:</b> 2299685
City State Zip Code Sun City AZ 85351	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Rev. Shirley A Wooden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 470 Wildflower Drive		<b>Transaction ID:</b> 2304858
City State Zip Code Belvidere IL 61008	Amount of Each Receipt this Period 19.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 215.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	369.00
<b>TOTAL</b> This Period (last page this line 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 1523 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Janice S. E. Woodhull		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 8400 Ashwood Drive		<b>Transaction ID:</b> 2304936
City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Louise Woodward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 102 Kuhn Drive		<b>Transaction ID:</b> 2302948
City State Zip Code Tijeras NM 87059	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Louise Woodward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 102 Kuhn Drive		<b>Transaction ID:</b> 2308756
City State Zip Code Tijeras NM 87059	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line 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 1524 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Cynthia Woolbright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 667 Midship Circle		<b>Transaction ID:</b> 2301948	
City State Zip Code Webster NY 14580		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation The Woolbright Group Consultatnt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eva Wormser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 126 Woodland Street		<b>Transaction ID:</b> 2306363	
City State Zip Code Tenafly NJ 07670		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Mr. Andrew B. Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 356 W. 11th Street		<b>Transaction ID:</b> 2307267	
City State Zip Code Claremont CA 91711		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	590.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1525 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 5200 W 69th Street		<b>Transaction ID:</b> 2305652	
City State Zip Code Prairie Village KS 66208	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Johnson County government	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 8 Manwaring Road PO Box 740		<b>Transaction ID:</b> 2303867	
City State Zip Code Shelter Island NY 11964	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Ms. Susan Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 802 Warrington Place		<b>Transaction ID:</b> 2302679	
City State Zip Code Rock Hill SC 29732	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line 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 1526 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Philip Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1127 James Blvd		<b>Transaction ID:</b> 2299959
City State Zip Code Signal Mtn TN 37377	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kate Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 12223 Mossycup Drive		<b>Transaction ID:</b> 2305487
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Roberta W. Wulf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 2623 Bowling Green Drive		<b>Transaction ID:</b> 2308416
City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fairfax County Public Library Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Library Aide Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1527 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elise A. Yablonski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 314 W 77th Street Apt. 3A		<b>Transaction ID:</b> 2307783
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Proskauer, Rose	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally Yanowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3040 Grand Bay Blvd #266		<b>Transaction ID:</b> 2302877
City State Zip Code Longboat Key FL 34228	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alma Elaine Yarbrough		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 3921 Niblick Court		<b>Transaction ID:</b> 2304421
City State Zip Code Longmont CO 80503	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Yarbrough Group	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line 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 1528 / 2072  
(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. Kathleen L. Yaremchuk

Mailing Address 23575 Shagwood Drive

City State Zip Code  
Bingham Farms MI 48025

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Henry Ford Health Syst Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 2308745

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy L. Yeager

Mailing Address 1190 W Camino Sagasta

City State Zip Code  
Green Valley AZ 85614

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301442

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann E. Yeomans

Mailing Address 115 Winthrop Avenue

City State Zip Code  
Quincy MA 02170

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2305671

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 220.00

**TOTAL** This Period (last page this line 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 1529 / 2072  
(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. Janice D. Yoder

Mailing Address 516 Delaware Ave

City Akron State OH Zip Code 44303

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Akron Occupation College Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2304247

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Amanat Yosha

Mailing Address 6320 6th Ave NE

City Seattle State WA Zip Code 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Washington Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307809

Amount of Each Receipt this Period  
101.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gloria Yost

Mailing Address 7825 Mt. Diablo Court

City Fair Oaks State CA Zip Code 95628

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308410

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.00

**TOTAL** This Period (last page this line 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 1530 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Gertrude Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 1850 Alice Street # 712		<b>Transaction ID:</b> 2308175	
City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Shelley L. Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 780 Skyline Drive		<b>Transaction ID:</b> 2306264	
City State Zip Code Felton CA 95018	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Registered Nurse Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Priscilla M. Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 3928 Aldrich Avenue S # 3		<b>Transaction ID:</b> 2305573	
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line 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 1531 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Sharon Young</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 4709 Watauga Road		<b>Transaction ID: 2302879</b>	
City State Zip Code Dallas TX 75209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Quadrant Capital Partners	Occupation Partner, Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Linda A Youngentob</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 10020 Counselman Rd		<b>Transaction ID: 2302872</b>	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Montgomery College	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Morton Yuter</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 5 Dover Avenue		<b>Transaction ID: 2299938</b>	
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 100.00		
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 ▼ 1550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line 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 1532 / 2072  
(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. Ruth Anderson Zabre

Mailing Address 11 N. Hillside Road

City State Zip Code  
South Deerfield MA 01373

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Clinical Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305721

Amount of Each Receipt this Period  
21.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy G. Zak

Mailing Address 1058 Dornell

City State Zip Code  
Ball Ground GA 30107

FEC ID number of contributing federal political committee. **C**

Name of Employer forever forests Occupation  
consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308385

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anita Zastrow

Mailing Address 314 W Elizabeth Street

City State Zip Code  
Pierre SD 57501

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 Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305056

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 151.00

**TOTAL** This Period (last page this line 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 1533 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bonita B. Zdrale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1351 Silverwood Lane		<b>Transaction ID:</b> 2305689
City State Zip Code Neenah WI 54956	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Ms. Helane Zeiger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1521 LeRoy Avenue		<b>Transaction ID:</b> 2304275
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Ms. Polle Zellweger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 9857 NE 20th St		<b>Transaction ID:</b> 2303482
City State Zip Code Bellevue WA 98004	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	150.00

**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 1534 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margaret Zierdt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 701 Roxboro Road		<b>Transaction ID:</b> 2301932	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Debra A. Zillmer, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 22 E 60TH ST		<b>Transaction ID:</b> 2306510	
City State Zip Code Westmont IL 60559	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Gundersen Clinic Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia Zimmermann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 23416 Continental Way		<b>Transaction ID:</b> 2307706	
City State Zip Code Canyon Lake CA 92587	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Self Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1535 / 2072  
(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. Patricia Zimmermann

Mailing Address 23416 Continental Way

City State Zip Code  
Canyon Lake CA 92587

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307876

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Iris M. Zipes-Egan

Mailing Address 16 Guard Hill Road

City State Zip Code  
Bedford Corners NY 10549

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation  
self-employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 7

**Transaction ID:** 2307634

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Zung

Mailing Address 24 Overhill Road

City State Zip Code  
New Rochelle NY 10804

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299264

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">450.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1536 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Dolores Zweig-Lambert

Mailing Address 2936 Mc Allister Street

City State Zip Code  
Riverside CA 92503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Info. Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2305743

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alexandra Moses

Mailing Address 1132 Union Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer Moses & Associates, P.C. Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4955.76

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 23076471

Amount of Each Receipt this Period  
4955.76

**[MEMO ITEM]**  
Stock Memo

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alexandra Moses

Mailing Address 1132 Union Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer Moses & Associates, P.C. Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4955.76

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 2307647

Amount of Each Receipt this Period  
206.49

**[MEMO ITEM]**  
Stk Mem:NF portion-see L17 sales proc trsf NF

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 40.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1537 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lynda M. Caine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 3014 Colter Avenue		Transaction ID: 2308914	
City State Zip Code Bozeman MT 59715	Amount of Each Receipt this Period 1009.50		
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Stock Memo		
Name of Employer Self Occupation Owner, Fly Fishing Ranch	Aggregate Year-to-Date 1009.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Alice Wooster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3032 N 15th Street, Apt. 803		Transaction ID: 2302539	
City State Zip Code Grand Jct CO 81506	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree 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)			

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Robert Leibowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6 Northwood Lane		Transaction ID: 2302557	
City State Zip Code Boynton Beach FL 33436	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree 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)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1538 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol Myers Scotton Mailing Address 3839 Fossum Lane City Okemos State MI Zip Code 48864 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300854 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>25.00</td> </tr> </table> Chellie Pingree Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7									25.00
M	M	/	D	D	/	Y	Y	Y	Y																						
1	0		0	4		2	0	0	7																						
								25.00																							
Name of Employer: Univ of South Carolina Occupation: Professor 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"></td> <td>0.00</td> </tr> </table>										0.00																					
								0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jeraldine Trabant Mailing Address 726 Loveville Road Cottage 94 City Hockessin State DE Zip Code 19707 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300836 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>100.00</td> </tr> </table> Chellie Pingree Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7									100.00
M	M	/	D	D	/	Y	Y	Y	Y																						
1	0		0	4		2	0	0	7																						
								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 colspan="8"></td> <td>0.00</td> </tr> </table>										0.00																					
								0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Tresa Schlecht Mailing Address 7810 Ridgewood Drive City Annandale State VA Zip Code 22003 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307223 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>50.00</td> </tr> </table> Chellie Pingree Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7									50.00
M	M	/	D	D	/	Y	Y	Y	Y																						
1	0		1	8		2	0	0	7																						
								50.00																							
Name of Employer: US Dept. Veterans Occupation: Attorney 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"></td> <td>0.00</td> </tr> </table>										0.00																					
								0.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>175.00</td></tr></table>	175.00
175.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1539 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara Fryburg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6511 Cedarview Court		<b>Transaction ID:</b> 2302534	
City State Zip Code Dayton OH 45459	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree Earmark 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>B.</b> Ms. Ladonna Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 827 Madison Street		<b>Transaction ID:</b> 2302507	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree Earmark Contributions		
Name of Employer Occupation Evanston Hospital RN	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>C.</b> Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 38 El Camino Tesoros		<b>Transaction ID:</b> 2302477	
City State Zip Code Sedona AZ 86336	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree Earmark Contributions		
Name of Employer Occupation District Attorney LPCI	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1540 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Joshua C. Whetzel, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 5036 Castleman St.		<b>Transaction ID:</b> 2297681
City State Zip Code Pittsburgh PA 15232	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree 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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon Rounds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 12 Everett Avenue		<b>Transaction ID:</b> 2308632
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree 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>C.</b> Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 76D Franklin Ln		<b>Transaction ID:</b> 2302525
City State Zip Code Whiting NJ 08759	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree Earmark Contributions	
Name of Employer Occupation Bd of Edu NYC Teacher	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	610.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1541 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Galen Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 7 Oyster Shores Road		<b>Transaction ID:</b> 2302483
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree Earmark Contributions	
Name of Employer Self Occupation Landscaper	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>B.</b> Ms. Virginia B. Corkran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 213 9th Avenue S		<b>Transaction ID:</b> 2300842
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree Earmark Contributions	
Name of Employer Premier Prop. Inc. Occupation Real Estate Association	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>C.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3730 Rural Court E		<b>Transaction ID:</b> 2302550
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1542 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kathleen Byrnes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3900 Carnavon Way		Transaction ID: 2302491
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree Earmark Contributions
Name of Employer Firstar Corp	Occupation Data Processing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia A. Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1994 East River Road		Transaction ID: 2300826
City State Zip Code Cortland NY 13045	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree Earmark Contributions
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>C.</b> Ms. Carolyn Levy Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 12 Royal Way		Transaction ID: 2302469
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree Earmark Contributions
Name of Employer	Occupation Volunteer home mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1543 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 38 El Camino Tesoros		<b>Transaction ID:</b> 2302479
City State Zip Code Sedona AZ 86336	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark Contributions	
Name of Employer District Attorney Occupation LPCI	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>B.</b> Ms. Virginia B. Corkran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 213 9th Avenue S		<b>Transaction ID:</b> 2300869
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark Contributions	
Name of Employer Premier Prop. Inc. Occupation Real Estate Association	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>C.</b> Ms. Doris Z. Baldwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 3066 Crown Heron Street		<b>Transaction ID:</b> 2300858
City State Zip Code Venice FL 34293	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1544 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Barbara Fryburg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6511 Cedarview Court		<b>Transaction ID: 2302535</b>	
City State Zip Code Dayton OH 45459	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings 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>B. Ms. Carolyn Levy Clark</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 12 Royal Way		<b>Transaction ID: 2302468</b>	
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Earmark Contributions	
Name of Employer Occupation Volunteer home mgmt	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>C. Mr. Galen Williams</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 7 Oyster Shores Road		<b>Transaction ID: 2302484</b>	
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Earmark Contributions	
Name of Employer Occupation Landscaper	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1545 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tresa Schlecht		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 7810 Ridgewood Drive		<b>Transaction ID:</b> 2307222
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark Contributions	
Name of Employer US Dept. Veterans 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>B.</b> Ms. Jeraldine Trabant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 726 Loveville Road Cottage 94		<b>Transaction ID:</b> 2300837
City State Zip Code Hockessin DE 19707	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3730 Rural Court E		<b>Transaction ID:</b> 2302551
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1546 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David S. Davies		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 109 Barker St		<b>Transaction ID:</b> 2302506
City State Zip Code Wellington OH 44090	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anne Harvey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 2242 Lawton Drive		<b>Transaction ID:</b> 2302519
City State Zip Code Lemon Grove CA 91945	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark Contributions	
Name of Employer Occupation San Diego State University Professor Emeritus	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Bernice Fischer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 620 Sand Hill Road		<b>Transaction ID:</b> 2300864
City State Zip Code Palo Alto CA 94304	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1547 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 76D Franklin Ln		Transaction ID: 2302524	
City State Zip Code Whiting NJ 08759	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Earmark Contributions	
Name of Employer Bd of Edu NYC	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>B.</b> Ms. Ladonna Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 827 Madison Street		Transaction ID: 2302508	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Earmark Contributions	
Name of Employer Evanston Hospital	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathleen Byrnes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3900 Carnavon Way		Transaction ID: 2302492	
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Earmark Contributions	
Name of Employer Firstar Corp	Occupation Data Processing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1548 / 2072
	<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) <b>A.</b> Mrs. Gloria Hardington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 20184 Beach Cliff Blvd.		<b>Transaction ID:</b> 2300835	
City State Zip Code Rocky River OH 44116	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark Contributions		
Name of Employer Realty One	Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lucy K. Stanton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 950 220 Park Avenue		<b>Transaction ID:</b> 2307251	
City State Zip Code Boca Grande FL 33921	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Earmark 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>C.</b> Ms. Sharon Rounds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 12 Everett Avenue		<b>Transaction ID:</b> 2308631	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1549 / 2072
	<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. Mildred Hedrick

Mailing Address 2135 Frederick Avenue

City State Zip Code  
Kalamazoo MI 49008

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300857

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa T. Painter

Mailing Address 6456 Flagler Road

City State Zip Code  
Nordland WA 98358

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302495

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anna M. Bartley

Mailing Address 76D Franklin Ln

City State Zip Code  
Whiting NJ 08759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bd of Edu NYC Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302523

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1550 / 2072
	<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)  
Rolund F. DeHoog

Mailing Address 379 De Anza Avenue

City State Zip Code  
San Carlos CA 94070

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300872

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan Bretschneider

Mailing Address 21 West Tulpehocken Street

City State Zip Code  
Philadelphia PA 19144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Thom Jefferson Univ Hosp Nurse Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300832

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen A. Hagewood

Mailing Address 2042 Ellis Street

City State Zip Code  
San Francisco CA 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nelcor Puritan Bennett 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300833

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1551 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3730 Rural Court E		<b>Transaction ID:</b> 2302546	
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Doris Z. Baldwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 3066 Crown Heron Street		<b>Transaction ID:</b> 2300859	
City State Zip Code Venice FL 34293	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jo A. Bidner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 11 Sterling Place Apt. 4A		<b>Transaction ID:</b> 2302554	
City State Zip Code Brooklyn NY 11217	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1552 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara Fryburg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 6511 Cedarview Court		<b>Transaction ID:</b> 2302532
City State Zip Code Dayton OH 45459	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. B. Barclay Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 201 Bishop Street		<b>Transaction ID:</b> 2300848
City State Zip Code New Haven CT 06511	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jeanne Grandy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 285 Auburn Road		<b>Transaction ID:</b> 2302498
City State Zip Code West Hartford CT 06119	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1553 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Peggy S. Rice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 480 Park Avenue		Transaction ID: 2300828
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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>B.</b> Ms. Leah Richter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 2 Daniel Drive		Transaction ID: 2307221
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation Self 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>C.</b> Ms. Suzanne Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 66 Robins		Transaction ID: 2307224
City State Zip Code Robbinston ME 04671	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1554 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth L. Henning		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 591 Woodcreek Blvd		Transaction ID: 2300831
City State Zip Code Traverse City MI 49686	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 3730 Rural Court E		Transaction ID: 2300862
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Sylvia A. Cunningham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 5896 East Linda RR 4 Box 654		Transaction ID: 2300839
City State Zip Code Rogersville MO 65742	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1555 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Edith Steier		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 2930 137th Street Apt. 3D		Transaction ID: 2300850
City State Zip Code Flushing NY 11354	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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>B.</b> Ms. Doris M. Tennyson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1915 Locust Grove Road		Transaction ID: 2302514
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation National Assoc of Home Builders Editor	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>C.</b> Ms. Edie Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1869 Sabal Palm Drive		Transaction ID: 2300863
City State Zip Code Edgewater FL 32141	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1556 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Faye Duchin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 28 East Road		Transaction ID: 2300830
City State Zip Code Troy NY 12180	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation NYU Professor	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>B.</b> Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 38 El Camino Tesoros		Transaction ID: 2302475
City State Zip Code Sedona AZ 86336	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation District Attorney LPCI	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>C.</b> Ms. Stasia W. Davison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 5 Tamarac Lane		Transaction ID: 2302559
City State Zip Code Englewood CO 80113	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton 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)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1557 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sharon Rounds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 12 Everett Avenue		<b>Transaction ID:</b> 2308628
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marjorie Hart-Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 5844 West Have Drive		<b>Transaction ID:</b> 2300849
City State Zip Code Fort Worth TX 76132	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anita Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 4846 Knickerbocker St		<b>Transaction ID:</b> 2302541
City State Zip Code Houston TX 77035	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1558 / 2072
	<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. Anita McCormick

Mailing Address 1711 Wellington Road

City State Zip Code  
Los Angeles CA 90019

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300856

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn Levy Clark

Mailing Address 12 Royal Way

City State Zip Code  
Dallas TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Volunteer home mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302467

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty L. Patterson

Mailing Address 4358 Dell Rd Apt B

City State Zip Code  
Lansing MI 48911

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300855

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1559 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Phyllis H. Swonk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 4089 S. Michael Road		<b>Transaction ID:</b> 2300860
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation Ann Arbor Public School Educator	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>B.</b> Ms. Eloise Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 406 Jefferson Street PO Box 394		<b>Transaction ID:</b> 2300847
City State Zip Code Jackson NC 27845	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton 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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan K. Robinson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 2430 215th Avenue Ne		<b>Transaction ID:</b> 2307230
City State Zip Code Sammamish WA 98075	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation Waste Mngmnt Director	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1560 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elfriede Engel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address PO Box 526		<b>Transaction ID:</b> 2302501	
City State Zip Code Northport MI 49670	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane Markham Abel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 900 University St Apt 2T		<b>Transaction ID:</b> 2302461	
City State Zip Code Seattle WA 98101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Earmarked Contributions		
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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. J. Y. Trice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address PO Box 819		<b>Transaction ID:</b> 2302520	
City State Zip Code Rosedale MS 38769	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1561 / 2072
	<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) <b>A.</b> Mrs. Gloria Hardington		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 20184 Beach Cliff Blvd.		Transaction ID: 2300834	
City State Zip Code Rocky River OH 44116	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Earmarked Contributions		
Name of Employer Realty One	Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Robert Leibowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6 Northwood Lane		Transaction ID: 2302555	
City State Zip Code Boynton Beach FL 33436	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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>C.</b> Ms. Deborah S. Butterworth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 4413 Greenwich Pkwy NW		Transaction ID: 2302502	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1562 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Beverly A. Hannon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6049 180th Avenue		<b>Transaction ID:</b> 2302515	
City State Zip Code Anamosa IA 52205		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Jeane Shaheen 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)			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ladonna Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 827 Madison Street		<b>Transaction ID:</b> 2302510	
City State Zip Code Evanston IL 60202		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions	
Name of Employer Occupation Evanston Hospital RN		Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 38 El Camino Tesoros		<b>Transaction ID:</b> 2302473	
City State Zip Code Sedona AZ 86336		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions	
Name of Employer Occupation District Attorney LPCI		Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1563 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 76D Franklin Ln		<b>Transaction ID:</b> 2302527	
City State Zip Code Whiting NJ 08759		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions	
Name of Employer Occupation Bd of Edu NYC Teacher		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>B.</b> Ms. Carolyn Levy Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 12 Royal Way		<b>Transaction ID:</b> 2302471	
City State Zip Code Dallas TX 75229		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions	
Name of Employer Occupation Volunteer home mgmt		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>C.</b> Ms. Carole Akin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 750 Lincoln Road, Apt. 59		<b>Transaction ID:</b> 2300845	
City State Zip Code Yuba City CA 95991		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald 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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1564 / 2072
	(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. Irene J. West

Mailing Address 3730 Rural Court E

City State Zip Code  
Pittsburgh PA 15221

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302548

Amount of Each Receipt this Period  
10.00

Joan Fitz-Gerald Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mr. Galen Williams

Mailing Address 7 Oyster Shores Road

City State Zip Code  
East Hampton NY 11937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Landscaper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302480

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Fryburg

Mailing Address 6511 Cedarview Court

City State Zip Code  
Dayton OH 45459

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302530

Amount of Each Receipt this Period  
10.00

Joan Fitz-Gerald Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1565 / 2072
	<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. Ronnie Bendheim

Mailing Address 6111 North Palo Christi Road

City State Zip Code  
Paradise Valley AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Potter-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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302486

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Wooster

Mailing Address 3032 N 15th Street, Apt. 803

City State Zip Code  
Grand Jct CO 81506

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302538

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Stasia W. Davison

Mailing Address 5 Tamarac Lane

City State Zip Code  
Englewood CO 80113

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  
1 0 / 1 1 / 2 0 0 7

**Transaction ID:** 2302561

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1566 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Anita Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 4846 Knickerbocker St		<b>Transaction ID:</b> 2302542
City State Zip Code Houston TX 77035	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald 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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anne Harvey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 2242 Lawton Drive		<b>Transaction ID:</b> 2302516
City State Zip Code Lemon Grove CA 91945	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions
Name of Employer Occupation Professor Emeritus	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Byrnes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3900 Carnavon Way		<b>Transaction ID:</b> 2302489
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Earmark Contributions
Name of Employer Occupation Data Processing Manager	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1567 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol Myers Scotton Mailing Address 3839 Fossum Lane City Okemos State MI Zip Code 48864 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300853 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Joan Fitz-Gerald Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	7														
25.00																							
Name of Employer Univ of South Carolina Occupation Professor 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Colby Dempsey Mailing Address P.O. Box 1195 City Driggs State ID Zip Code 83422 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2302544 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Joan Fitz-Gerald Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sharon Rounds Mailing Address 12 Everett Avenue City Providence State RI Zip Code 02906 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2308630 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Joan Fitz-Gerald Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	4		2	0	0	7														
100.00																							
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																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1568 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Virginia B. Corkran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 213 9th Avenue S		Transaction ID: 2300841	
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes Earmark Contributions		
Name of Employer Premier Prop. Inc. Occupation Real Estate Association	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>B.</b> Ms. Carolyn Levy Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 12 Royal Way		Transaction ID: 2302470	
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes Earmark Contributions		
Name of Employer Occupation Volunteer home mgmt	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>C.</b> Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 76D Franklin Ln		Transaction ID: 2302526	
City State Zip Code Whiting NJ 08759	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes Earmark Contributions		
Name of Employer Bd of Edu NYC Occupation Teacher	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1569 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3730 Rural Court E		<b>Transaction ID:</b> 2302549	
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Galen Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 7 Oyster Shores Road		<b>Transaction ID:</b> 2302481	
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes Earmark Contributions		
Name of Employer Occupation Self Landscaper	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>C.</b> Ms. Barbara Fryburg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6511 Cedarview Court		<b>Transaction ID:</b> 2302531	
City State Zip Code Dayton OH 45459	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1570 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ladonna Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 827 Madison Street		<b>Transaction ID:</b> 2302509	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes Earmark Contributions		
Name of Employer Occupation Evanston Hospital RN	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>B.</b> Mrs. Sylvia A. Cunningham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 5896 East Linda RR 4 Box 654		<b>Transaction ID:</b> 2300840	
City State Zip Code Rogersville MO 65742	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Patty Killebrew Gilmour		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 30 West River Street		<b>Transaction ID:</b> 2302529	
City State Zip Code Wilkes Barre PA 18702	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1571 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Stasia W. Davison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 5 Tamarac Lane		Transaction ID: 2302560	
City State Zip Code Englewood CO 80113		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kay Barnes Earmark 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>B.</b> Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 38 El Camino Tesoros		Transaction ID: 2302474	
City State Zip Code Sedona AZ 86336		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kay Barnes Earmark Contributions	
Name of Employer Occupation District Attorney LPCI			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Paula K. Scholfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 2684 Fox River Ln		Transaction ID: 2307226	
City State Zip Code Naperville IL 60565		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kay Barnes 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1572 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sharon Rounds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 12 Everett Avenue		<b>Transaction ID:</b> 2308629	
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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>B.</b> Mr. David S. Davies		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 109 Barker St		<b>Transaction ID:</b> 2302504	
City State Zip Code Wellington OH 44090	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Carol D. Bartosch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 3815 Circlewood Ct		<b>Transaction ID:</b> 2300851	
City State Zip Code Cleveland OH 44126	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kay Barnes 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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1573 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Anne Harvey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 2242 Lawton Drive		<b>Transaction ID: 2302517</b>	
City State Zip Code Lemon Grove CA 91945	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Kay Barnes Earmark Contributions		
Name of Employer Occupation San Diego State University Professor Emeritus	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>B. Ms. Kathleen Byrnes</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 3900 Carnavon Way		<b>Transaction ID: 2302490</b>	
City State Zip Code Los Angeles CA 90027	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Kay Barnes Earmark Contributions		
Name of Employer Occupation Firststar Corp Data Processing 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>C. Ms. Barbara Ballard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address PO Box 297		<b>Transaction ID: 2300861</b>	
City State Zip Code Dodgeville WI 53533	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Kay Barnes 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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1574 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Colby Dempsey Mailing Address P.O. Box 1195 City State Zip Code <u>Driggs</u> <u>ID</u> <u>83422</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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2302543 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kay Barnes Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
25.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
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																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Martha Bannister Mailing Address 1139 Sunnyside Drive City State Zip Code <u>Healdsburg</u> <u>CA</u> <u>95448</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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307228 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kay Barnes Earmark Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	7														
100.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Occupation Owner																							
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>C.</b> Full Name (Last, First, Middle Initial) Ms. Ladonna Taylor Mailing Address 827 Madison Street City State Zip Code <u>Evanston</u> <u>IL</u> <u>60202</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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2302512 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Melissa Bean Earmarked Contributions	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	7														
25.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Occupation RN																							
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1575 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melody L. Umstead		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 38 El Camino Tesoros		<b>Transaction ID:</b> 2302478	
City State Zip Code Sedona AZ 86336	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Earmarked Contributions		
Name of Employer District Attorney Occupation LPCI	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>B.</b> Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 76D Franklin Ln		<b>Transaction ID:</b> 2302528	
City State Zip Code Whiting NJ 08759	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Earmarked Contributions		
Name of Employer Bd of Edu NYC Occupation Teacher	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>C.</b> Ms. Carole Akin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 750 Lincoln Road, Apt. 59		<b>Transaction ID:</b> 2300846	
City State Zip Code Yuba City CA 95991	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 Retired	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1576 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jeraldine Trabant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 726 Loveville Road Cottage 94		Transaction ID: 2300838
City State Zip Code Hockessin DE 19707	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	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)		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Irene J. West		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 3730 Rural Court E		Transaction ID: 2302552
City State Zip Code Pittsburgh PA 15221	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	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)		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Galen Williams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 7 Oyster Shores Road		Transaction ID: 2302485
City State Zip Code East Hampton NY 11937	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Earmarked Contributions	
Name of Employer Occupation Self Landscaper	Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1577 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara Fryburg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 6511 Cedarview Court		<b>Transaction ID:</b> 2302536
City State Zip Code Dayton OH 45459	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Bernice Fischer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 620 Sand Hill Road		<b>Transaction ID:</b> 2300865
City State Zip Code Palo Alto CA 94304	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joshua C. Whetzel, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 5036 Castleman St.		<b>Transaction ID:</b> 2297680
City State Zip Code Pittsburgh PA 15232	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	535.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1578 / 2072
	<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. Sharon Rounds

Mailing Address 12 Everett Avenue

City State Zip Code  
Providence RI 02906

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  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2308633

Amount of Each Receipt this Period  
100.00

Melissa Bean Earmarked Co-  
ntributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Paula K. Scholfield

Mailing Address 2684 Fox River Ln

City State Zip Code  
Naperville IL 60565

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  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2307227

Amount of Each Receipt this Period  
50.00

Melissa Bean Earmarked Co-  
ntributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen Summers

Mailing Address 46 Calle Del Sol

City State Zip Code  
Placitas NM 87043

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  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2308635

Amount of Each Receipt this Period  
25.00

Melissa Bean Earmarked Co-  
ntributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1579 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Tommie Brent

Mailing Address 2490 Louisiana Street

City State Zip Code  
Beaumont TX 77702

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300827

Amount of Each Receipt this Period  
100.00

Melissa Bean Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Esther Droegge

Mailing Address 3928 Locklear Court

City State Zip Code  
Atlanta GA 30360

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300852

Amount of Each Receipt this Period  
75.00

Melissa Bean Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Byrnes

Mailing Address 3900 Carnavon Way

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fistar Corp Data Processing 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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 2302493

Amount of Each Receipt this Period  
25.00

Melissa Bean Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1580 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Martha O. Vinick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1250 Farmington Ave Apt C8		<b>Transaction ID:</b> 2302460
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Earmarked Contributions	
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)		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lucy K. Stanton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 950 220 Park Avenue		<b>Transaction ID:</b> 2307258
City State Zip Code Boca Grande FL 33921	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	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)		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Jane Snyder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address One Calvin Circle, Apt. 410A		<b>Transaction ID:</b> 2302465
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Earmarked Contributions	
Name of Employer Occupation Self Writer	Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1581 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn Levy Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 12 Royal Way		Transaction ID: 2302472
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Earmarked Contributions	
Name of Employer Occupation Occupation Volunteer home mgmt	Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Prof. Thomas A. Madden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 9130 Kedvale Avenue		Transaction ID: 2302496
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas 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)	Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Louise H. McCagg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 32 Washington Square West #11W		Transaction ID: 2300824
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Earmarked Contributions	
Name of Employer Occupation Self Sculptor	Aggregate Year-to-Date 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1582 / 2072
	<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. Valerie Wood

Mailing Address 133 S. Del Mar Avenue

City State Zip Code  
San Gabriel CA 91776

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
School Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300844

Amount of Each Receipt this Period  
100.00

Niki Tsongas Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sandra E. Adickes

Mailing Address 93 Renaissance Lane

City State Zip Code  
New Brunswick NJ 08901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Winona State Univ. Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2308626

Amount of Each Receipt this Period  
25.00

Niki Tsongas Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300164

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1583 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Comm. June Horton Gable		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2327 67th Avenue		Transaction ID: 2299036	
City State Zip Code Sacramento CA 95822	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>B.</b> Ms. Phyllis H. Pennell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 307 Spencer Dr		Transaction ID: 2299164	
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy Skinner Nordhoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 835 Sixth Street		Transaction ID: 2300013	
City State Zip Code Langley WA 98260	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1584 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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)  
Phyllis Freeland Broyles

Mailing Address P.O. 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  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300886

Amount of Each Receipt this Period  
40.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary E. McGuire

Mailing Address 840 Kings Highway

City State Zip Code  
Shreveport LA 71104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299813

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Floride B. Kidder

Mailing Address 12616 W. Crescent Drive

City State Zip Code  
Dunlap IL 61525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kidder Music Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300282

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1585 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Fannie S. Fishlyn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1530 5th Street, Apt. 604		Transaction ID: 2299809
City State Zip Code Santa Monica CA 90401	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kirsten Nathanson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1001 Pennsylvania Avenue NW Fl 11		Transaction ID: 2300598
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Crowell & Maring Attorney	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan S. Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 791 College Avenue # 2		Transaction ID: 2299029
City State Zip Code Haverford PA 19041	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Self Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1586 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Vincent Piantanida		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 883431		<b>Transaction ID:</b> 2299223	
City State Zip Code San Francisco CA 94188	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree		
Name of Employer Occupation BBI Enginering Audio Installer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Maxine W. Kumin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 40 Harriman Lane		<b>Transaction ID:</b> 2303406	
City State Zip Code Warner NH 03278	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree		
Name of Employer Occupation Self Writer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jacqueline M. Dawley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1301 Eugenia Ave.		<b>Transaction ID:</b> 2300900	
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Chellie Pingree		
Name of Employer Occupation Self Research consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1587 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sue Lindner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 392 Sylvan Avenue		<b>Transaction ID:</b> 2300059	
City State Zip Code Mountain View CA 94041	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Objectivity Inc. Occupation Technical Writer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Ford Payson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 5 Bancroft Way # 189		<b>Transaction ID:</b> 2307085	
City State Zip Code Hamilton MA 01982	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leslie Andrews		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 905 3rd Street		<b>Transaction ID:</b> 2299205	
City State Zip Code Santa Cruz CA 95060	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1588 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Schnure		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 1212 Kirkland Village Circle		<b>Transaction ID:</b> 2303228
City State Zip Code Bethlehem PA 18017	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Velz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 809 W. 32nd Street		<b>Transaction ID:</b> 2299754
City State Zip Code Austin TX 78705	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation University of Texas Professor Emeritus	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert F. Schumann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 813		<b>Transaction ID:</b> 2300263
City State Zip Code Madison CT 06443	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1589 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Leonor E. McAlpine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 130 West Parkhurst		<b>Transaction ID:</b> 2298932
City State Zip Code Detroit MI 48203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Daphne Wall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 1116		<b>Transaction ID:</b> 2307106
City State Zip Code North Conway NH 03860	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Sunbridge Carr & Reh RN	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anne Boas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 12 Lake Street		<b>Transaction ID:</b> 2302428
City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Trinzic Corp. Tech. Training	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1590 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sallie t Gouverneur		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7	
Mailing Address 4a 10 bleecker street		<b>Transaction ID:</b> 2300173	
City State Zip Code New York NY 10012		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer self Occupation nonprofit admin		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Miss Marjorie D. Seward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 435 Martin Terrace		<b>Transaction ID:</b> 2300225	
City State Zip Code State College PA 16803		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth Tupler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 6570 S.W. 47th Court		<b>Transaction ID:</b> 2301828	
City State Zip Code Ft. Lauderdale FL 33314		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer Austin Tupler Trucking Occupation Office Manager		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1591 / 2072
	<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) <b>A.</b> Ms. Virginia Aycock-Burr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 415 South St Apt 1201		Transaction ID: 2299194
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Self Occupation Christian Science 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Alden T. Vaughan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 50 Howland Terrace		Transaction ID: 2302071
City State Zip Code Worcester MA 01602	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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>C.</b> Ms. Madeline H. Mixer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 76 Bonnie Lane		Transaction ID: 2300251
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1592 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Deborah Ann Huba		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 660 Amor Drive		Transaction ID: 2300080
City State Zip Code Cocoa FL 32927	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> MEMO
Name of Employer State of FL Occupation 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) <b>B.</b> Ms. Martha L. Potter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 100 Village Green Drive Apt. B1		Transaction ID: 2299089
City State Zip Code Kittery ME 03904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Housewife	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>C.</b> Ms. Barbara R. Moorhouse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 632 Rolling Rock Rd		Transaction ID: 2299844
City State Zip Code Bloomfield MI 48304	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Research analyst	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1593 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bernice Crooks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 253 Moreton Bay Lane Apt. 6		Transaction ID: 2307077
City State Zip Code Goleta CA 93117	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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>B.</b> Ms. Anita H. Gratwick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 536 W. Springfield Avenue		Transaction ID: 2300036
City State Zip Code Philadelphia PA 19118	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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) <b>C.</b> Ms. Mary H. D. Swift		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 33195 Millville Road		Transaction ID: 2301976
City State Zip Code Upperville VA 20184	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1594 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Byron G. Bray, Jr.

Mailing Address 56 Alma Street

City State Zip Code  
San Francisco CA 94117

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300889

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anne B Ramsay

Mailing Address 20 South 19th St

City State Zip Code  
Fernandina Beach FL 32034

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303403

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Verne VanBeynum

Mailing Address 419 Eagleton Cove Way

City State Zip Code  
West Palm Beach FL 33418

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307051

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1595 / 2072
	<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. Elisabeth B. Muhlenberg

Mailing Address 615 S. Kenilworth Avenue

City State Zip Code  
Oak Park IL 60304

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307942

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Diane P. Temple

Mailing Address 32 Blood Street

City State Zip Code  
Pepperell MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Town of Harvard Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301804

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert D. Schwartz

Mailing Address 2753 W. Bonnie Brook Lane

City State Zip Code  
Waukegan IL 60087

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299049

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1596 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Guttman

Mailing Address 178 Beethoven Avenue

City State Zip Code  
Waban MA 02468

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300229

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298832

Amount of Each Receipt this Period  
15.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Chase

Mailing Address PO Box 311

City State Zip Code  
Andover NH 03216

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2307971

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1597 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Tatiana J. Lowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 100 Clinton Road		Transaction ID: 2302454
City State Zip Code Bedford Hills NY 10507	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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>B.</b> Ms. Anna J. Lidman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 37 Brookview Terrace		Transaction ID: 2301161
City State Zip Code Portland ME 04102	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation EMILY's List fundraiser	[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Joseph M. McDonough		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 2150 Cowper Street		Transaction ID: 2299043
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1598 / 2072
	<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. Margaret Middleton

Mailing Address 4107 Colle Drive

City State Zip Code  
Lake Worth FL 33461

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299761

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Barbara S. Stowe

Mailing Address 11507 Woodstock Way

City State Zip Code  
Reston VA 20194

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308650

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Virginia Ritchie

Mailing Address 276 Merion Avenue

City State Zip Code  
Haddonfield NJ 08033

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300595

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1599 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Gail Silverman

Mailing Address 9 Island Avenue, Apt. 1814

City Miami Beach State FL Zip Code 33139

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300540

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joanne M. Hollingsworth

Mailing Address 607 Gould Terrace

City Hermosa Beach State CA Zip Code 90254

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298918

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Morton Kaminsky

Mailing Address 2925 Matthews Avenue

City Bronx State NY Zip Code 10467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Motor Vehicle Lic. Examne

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301959

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1600 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Mildred M. Kellogg

Mailing Address 720 Austin Drive

City State Zip Code  
West Richland WA 99353

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307078

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Bailey

Mailing Address P.O. Box 878

City State Zip Code  
Morongo Valley CA 92256

FEC ID number of contributing federal political committee. **C**

Name of Employer unemployed 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300939

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Platt

Mailing Address 807 N. Howard Apt. 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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301100

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1601 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Craig

Mailing Address 1715 Catherine Court

City State Zip Code  
Spanish Lake MO 63138

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301967

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy G. White

Mailing Address 6100 Westchester Park Drive  
Apt. 1417

City State Zip Code  
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300026

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack R. Estes

Mailing Address 1367 E Lindo Ave # 1A

City State Zip Code  
Chico CA 95926

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  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303911

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1602 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Janet Hofmann</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 3889 Harvest Drive		<b>Transaction ID: 2308349</b>	
City State Zip Code Redwood City CA 94061	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. William Sweeney</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 1538 East West Hwy		<b>Transaction ID: 2301085</b>	
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation U.S. Senate Aide	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Crain</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 2905 Bliss Avenue		<b>Transaction ID: 2299764</b>	
City State Zip Code Clovis CA 93611	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Unilab Cytotechnologist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1603 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ronnie L. Leavitt

Mailing Address 143 Twin Hills Drive

City State Zip Code  
Long Meadow MA 01106

FEC ID number of contributing federal political committee. **C**

Name of Employer U. Conn Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300200

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally S. Rumbaugh

Mailing Address 6353 Caminito Del Pastel

City State Zip Code  
San Diego CA 92111

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299078

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alex Craig

Mailing Address 2265 Scottwood Avenue

City State Zip Code  
Toledo OH 43620

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298901

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1604 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Goldstein

Mailing Address 2100 North Salisbury Street

City State Zip Code  
West Lafayette IN 47906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Purdue University Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300534

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen M Brown

Mailing Address 4005 Johnson Street

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired social worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302565

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dauna W. Binder

Mailing Address 50 Mabel St

City State Zip Code  
Portland ME 04103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Portland Public Schools Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301898

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1605 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Charlotte A Lowrey

Mailing Address 4838 Oscar Court

City State Zip Code  
Fremont CA 94538

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299040

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lise Menn

Mailing Address 1625 Mariposa Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302419

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty L. Patterson

Mailing Address 4358 Dell Rd Apt B

City State Zip Code  
Lansing MI 48911

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299232

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1606 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lillian Fencil Mailing Address 2492 Lakeshore Drive City State Zip Code Fennville MI 49408 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> 2301820 Amount of Each Receipt this Period 50.00 Chellie Pingree <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy F. Knecht Mailing Address 17 Bret Harte Terrace City State Zip Code San Francisco CA 94133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2300117 Amount of Each Receipt this Period 500.00 Chellie Pingree <b>[MEMO ITEM]</b> 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth J. Rave Mailing Address 4599 W. 36th Place, Unit 7 City State Zip Code Denver CO 80212 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298922 Amount of Each Receipt this Period 25.00 Chellie Pingree <b>[MEMO ITEM]</b> 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1607 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Richard B. Wilson

Mailing Address 5202 Loyola Avenue

City State Zip Code  
Westminster CA 92683

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303905

Amount of Each Receipt this Period  
200.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Winson D. Ewing

Mailing Address 4174 Timberline Rd

City State Zip Code  
Clinton WA 98236

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300197

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce R. Solo

Mailing Address 100 Dublin Road Apt. 2224

City State Zip Code  
Mankato MN 56001

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298975

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1608 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Roxane Bleiweis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 4141 NW 37th Terrace		<b>Transaction ID:</b> 2301922	
City State Zip Code Gainesville FL 32606	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dortha E. Marquis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 124 Marshall Corner Woodville		<b>Transaction ID:</b> 2299160	
City State Zip Code Hopewell NJ 08525	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret C. Ives		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 130D Seminary Ave Apt 321		<b>Transaction ID:</b> 2301809	
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Self Social Worker/ Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1609 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Betsy Weaver</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 3 Storey Place		<b>Transaction ID: 2299220</b>	
City Jamaica Plain	State MA	Zip Code 02130	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret C. Coltrera</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 69 Willow Street		<b>Transaction ID: 2300891</b>	
City Brooklyn	State NY	Zip Code 11201	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer	Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Evelyn Spiegel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 80 Lyme Rd Apt 363		<b>Transaction ID: 2303096</b>	
City Hanover	State NH	Zip Code 03755	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1610 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eleanor Weinstock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 525 South Flagler Drive Apt. 12c		<b>Transaction ID:</b> 2308363
City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Karen Blumenthal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 7 High Point Lane		<b>Transaction ID:</b> 2298946
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Student Advocacy Policy Advocate	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Eugene A. Hildreth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 2000 Cambridge Avenue Apt. 129		<b>Transaction ID:</b> 2298938
City State Zip Code Wyomissing PA 19610	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1611 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Chanin H. Bradshaw</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 17300 Ballinger Street		<b>Transaction ID: 2300207</b>
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Self Occupation Actress, Writer	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ethel S. Brody</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 19 Quinine Hill		<b>Transaction ID: 2300210</b>
City State Zip Code Columbia SC 29204	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Marilyn E. Urquidi</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address PO Box 1296		<b>Transaction ID: 2303091</b>
City State Zip Code Solana Beach CA 92075	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Assistance League Occupation Tutor	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1612 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 R. Harrison

Mailing Address 1905 Newman Place

City State Zip Code  
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Self 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299080

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandra Carr

Mailing Address PO Box 223

City State Zip Code  
Silver Lake NH 03875

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 Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299747

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lucinda B Emmet

Mailing Address 40040 Little Oatlands Ln

City State Zip Code  
Leesburg VA 20175

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303275

Amount of Each Receipt this Period  
200.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1613 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Carola Haas

Mailing Address 4462 Sidney Church Road

City State Zip Code  
River VA 24149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virginia Tech 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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300580

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Estelle Sealine

Mailing Address 120 Atlantic Avenue

City State Zip Code  
Long Beach NY 11561

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300276

Amount of Each Receipt this Period  
20.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Thelma M. Taylor

Mailing Address 3018 Riverview Road

City State Zip Code  
Lawrence KS 66049

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299704

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1614 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Virginia Riddiford Mailing Address 1562 Rte. 129 City South Bristol State ME Zip Code 04568 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2303426 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">300.00</td> </tr> </table> Chellie Pingree <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	7	300.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0		1	9		2	0	0	7																					
300.00																														
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 colspan="8">0.00</td> </tr> </table>		0.00																												
0.00																														

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Scales Mailing Address 1800 Greenbrier Road City Winston Salem State NC Zip Code 27104 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307087 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">25.00</td> </tr> </table> Chellie Pingree <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7	25.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0		2	3		2	0	0	7																					
25.00																														
Name of Employer Occupation Homemaker / Student 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																														

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marylouise Stafford Mailing Address 900 E Harrison Avenue, H 4 City Pomona State CA Zip Code 91767 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2303223 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">200.00</td> </tr> </table> Chellie Pingree <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7	200.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0		1	8		2	0	0	7																					
200.00																														
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																														

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1615 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Ruth B. Talley

Mailing Address 1302 Anglers Lane

City State Zip Code  
Lutz FL 33548

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302579

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Victor H Mailey

Mailing Address 163 River Road

City State Zip Code  
New Bedford MA 02745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300064

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Alison L. Steadman

Mailing Address 2960 Newark Street, N.W.

City State Zip Code  
Washington DC 20008

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303118

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1616 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Harriet B. Naughton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 317 Spencer Drive		<b>Transaction ID:</b> 2300066
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sarah B. Paulson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 416 N. Linn Street		<b>Transaction ID:</b> 2308356
City State Zip Code Iowa City IA 52245	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marla D Jensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1615 Bittern Ct.		<b>Transaction ID:</b> 2300559
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1617 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Leah Horwitz

Mailing Address 305 Savage Farm Drive

City Ithaca State NY Zip Code 14850

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307103

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Rosanio

Mailing Address 12 Hidden Acres Drive

City Voorhees State NJ Zip Code 08043

FEC ID number of contributing federal political committee. **C**

Name of Employer The Star Group Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300593

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen M. Moshak

Mailing Address 5010 Louise Street

City Skokie State IL Zip Code 60077

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301874

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1618 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Borud

Mailing Address 2047 Hunter's Ridge Drive #207

City State Zip Code  
Mason City IA 50401

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299193

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Lehar

Mailing Address 3005 Stockett Way

City State Zip Code  
San Diego CA 92117

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300088

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Claudia S. Rose

Mailing Address PO Box 873

City State Zip Code  
Enosburg Fls VT 05450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wayne State University MASSAGE THERAPIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299714

Amount of Each Receipt this Period  
100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1619 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Eva Shaye

Mailing Address 2405 Briarcrest Road

City State Zip Code  
Beverly Hills CA 90210

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307045

Amount of Each Receipt this Period  
250.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Kolodny

Mailing Address 64 W 89 Street

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301885

Amount of Each Receipt this Period  
50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elsie S. Sweeney

Mailing Address 21775 Woodland Crest Drive

City State Zip Code  
Woodland Hls CA 91364

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301892

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1620 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary D. Thompson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1435 Crestline Dr		<b>Transaction ID:</b> 2302589	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Catherine Manz Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 85316 Coyote Creek Road		<b>Transaction ID:</b> 2303073	
City State Zip Code Veneta OR 97487	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Lyman Cammann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1711 SE 41st Avenue		<b>Transaction ID:</b> 2300238	
City State Zip Code Portland OR 97214	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1621 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eileen S. Tsai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 7
Mailing Address 2 Falling Leaf		Transaction ID: 2303288
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Ceridian tax technician	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ruth Block		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 500 SE Mizner Blvd		Transaction ID: 2298962
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cheryl Wilfong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 314 Partridge Road		Transaction ID: 2299086
City State Zip Code E Dummerston VT 05346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1622 / 2072
	<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. Aldisa Gunnell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 3052 Prado Lane		Transaction ID: 2300244	
City State Zip Code Davis CA 95618	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree	
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) ▼		[MEMO ITEM] MEMO	

B. Full Name (Last, First, Middle Initial) Mr. David Okrent		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 439 Veteran Avenue		Transaction ID: 2299070	
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree	
Name of Employer Occupation Professor Emeritus	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO	

C. Full Name (Last, First, Middle Initial) Ms. Judith Feldstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 425 Wembley Circle		Transaction ID: 2301985	
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree	
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) ▼		[MEMO ITEM] MEMO	

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 1623 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Andrea M. Mazzone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1423 W. Maple Avenue		<b>Transaction ID:</b> 2299773	
City State Zip Code Kalamazoo MI 49008	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ruth Schmidt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 2 Wimberly Court		<b>Transaction ID:</b> 2300049	
City State Zip Code Decatur GA 30030	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Melinda K. Reed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 3671 Ward Road		<b>Transaction ID:</b> 2301137	
City State Zip Code Wheat Ridge CO 80033	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1624 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Helen W Gjessing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 301844		<b>Transaction ID:</b> 2303069	
City State Zip Code St. Thomas VI 00803	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard W. Lyman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 850 Webster Street Apt. 728		<b>Transaction ID:</b> 2300947	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Eleanor B. Crownfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1100 Grove Street, Apt. 17		<b>Transaction ID:</b> 2300127	
City State Zip Code Cedar Falls IA 50613	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1625 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Karen Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address PO Box 336		<b>Transaction ID: 2307071</b>	
City State Zip Code Union Mills NC 28167	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Warren Hagstrom</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 916 Shorewood Blvd.		<b>Transaction ID: 2300929</b>	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation U of WI Professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Helen C. Spear</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 2615 Pecos Street		<b>Transaction ID: 2299752</b>	
City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1626 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Dora B. Goldstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 620 Sand Hill Road #120D		<b>Transaction ID:</b> 2308353
City State Zip Code Palo Alto CA 94304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Patsy Rogers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 616		<b>Transaction ID:</b> 2301798
City State Zip Code New Suffolk NY 11956	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Self composer, teacher	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William L. Pesetski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 4406 88th Street		<b>Transaction ID:</b> 2303272
City State Zip Code Lubbock TX 79424	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation Self Property Manager	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1627 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Dr. Susan Katz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 6230 Wilshire Blvd. #2080		<b>Transaction ID: 2300162</b>
City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Self Occupation Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jeanette Falk</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 275 Sweet Bay PI		<b>Transaction ID: 2307931</b>
City State Zip Code Carrboro NC 27510	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer The Children's Store Occupation Retail	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. June Thomasson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 3175 Chinook Drive		<b>Transaction ID: 2299189</b>
City State Zip Code Fairbanks AK 99709	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Chellie Pingree	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1628 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Estelle K. Meislich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 2150 Center Avenue Apt. 17B		Transaction ID: 2303410
City State Zip Code Fort Lee NJ 07024	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> 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>B.</b> Mrs. Barbara W. Moxon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 31 Joseph Walker Drive		Transaction ID: 2303415
City State Zip Code West Columbia SC 29169	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> MEMO
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Glenda M. Dugan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 199 Los Banos Avenue		Transaction ID: 2303897
City State Zip Code Walnut Creek CA 94598	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Chellie Pingree  <b>[MEMO ITEM]</b> 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1629 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Laura Ruth Lane-Reticker Mailing Address 61 W Marginal Road City Brunswick State ME Zip Code 04011 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> 2307911 Amount of Each Receipt this Period 100.00 Chellie Pingree <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Matilde Lao Mailing Address 3000 Coral Way Apt. 502 City Coral Gables State FL Zip Code 33145 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> 2303061 Amount of Each Receipt this Period 75.00 Chellie Pingree <b>[MEMO ITEM]</b> 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Janice Sakai Mailing Address 15825 Apollo Heights Court City Saratoga State CA Zip Code 95070 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> 2301993 Amount of Each Receipt this Period 100.00 Chellie Pingree <b>[MEMO ITEM]</b> 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1630 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Lydia Wegman

Mailing Address 5704 Cascade Drive

City State Zip Code  
Chapel Hill NC 27514

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299720

Amount of Each Receipt this Period  
25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Munroe

Mailing Address 2355 E. Miraval Segundo

City State Zip Code  
Tucson AZ 85718

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299739

Amount of Each Receipt this Period  
500.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marsha Charney

Mailing Address 411 W. End Avenue #12A

City State Zip Code  
New York NY 10024

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298947

Amount of Each Receipt this Period  
30.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1631 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Gaggino</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address PO Box 685		<b>Transaction ID: 2299076</b>	
City Throckmorton	State TX	Zip Code 76483	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer Receipt For:	Occupation Homemaker	<b>[MEMO ITEM]</b> MEMO	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Philip Wright</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1127 James Blvd		<b>Transaction ID: 2302442</b>	
City Signal Mtn	State TN	Zip Code 37377	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer Receipt For:	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Phyllis B. Wender</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 115 E 67th Street #6C		<b>Transaction ID: 2298928</b>	
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Chellie Pingree	
Name of Employer Receipt For:	Occupation Writer	<b>[MEMO ITEM]</b> MEMO	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1632 / 2072
	<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. Joan Riddell Baer

Mailing Address 11329 French Horn Lane

City Reston State VA Zip Code 20191

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 ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300033

Amount of Each Receipt this Period  
 100.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marcia Gold

Mailing Address 3 Eton Road

City Rockville Centre State NY Zip Code 11570

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  
 1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299061

Amount of Each Receipt this Period  
 50.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Reva Biers

Mailing Address 4631 Ellenita Ave

City Tarzana State CA Zip Code 91356

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  
 1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300108

Amount of Each Receipt this Period  
 25.00

Chellie Pingree

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1633 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Marsha Charney

Mailing Address 411 W. End Avenue #12A

City State Zip Code  
New York NY 10024

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298948

Amount of Each Receipt this Period  
30.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Wright

Mailing Address 1127 James Blvd

City State Zip Code  
Signal Mtn TN 37377

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302443

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jayne L. Greene

Mailing Address 11 Laird Street

City State Zip Code  
Rockville MD 20850

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300945

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1634 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Sandra M. P. McGann

Mailing Address 40955 Delabrooke Road

City State Zip Code  
Mechanicsville MD 20659

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307940

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan Parker

Mailing Address 406 N. Clinton Street

City State Zip Code  
Chicago IL 60610

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301926

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Helen N. May

Mailing Address 1910 S. Ramsey Drive

City State Zip Code  
Bloomington IN 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Holy Faith Church Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308370

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1635 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Janet R. Harrison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 1905 Newman Place		<b>Transaction ID:</b> 2299079
City State Zip Code Mountain View CA 94043	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Self Occupation Program Manager	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Martha L. Potter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 100 Village Green Drive Apt. B1		<b>Transaction ID:</b> 2299088
City State Zip Code Kittery ME 03904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathleen M Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 4005 Johnson Street		<b>Transaction ID:</b> 2302567
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer None Occupation Retired social worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1636 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ethel S. Brody

Mailing Address 19 Quinine Hill

City State Zip Code  
Columbia SC 29204

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300211

Amount of Each Receipt this Period  
150.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Rankin

Mailing Address 1222 NE 100th Street

City State Zip Code  
Seattle WA 98125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bellevue Public School Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299805

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emily F. Schaffner

Mailing Address 1890 E 107TH St Apt 810

City State Zip Code  
Cleveland OH 44106

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307050

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1637 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 West

Mailing Address 921 56th Street

City State Zip Code  
Washougal WA 98671

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301826

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia G. Miller

Mailing Address 6015 Wellesley Avenue

City State Zip Code  
Pittsburgh PA 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reed,Smith,Shaw&McClay 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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300038

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rita S Vandenburg

Mailing Address 3972 Amyx Ct

City State Zip Code  
Hayward CA 94542

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2302009

Amount of Each Receipt this Period  
10.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1638 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Sue Lindner

Mailing Address 392 Sylvan Avenue

City State Zip Code  
Mountain View CA 94041

FEC ID number of contributing federal political committee. **C**

Name of Employer Objectivity Inc. Occupation Technical 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300060

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor B. Crownfield

Mailing Address 1100 Grove Street, Apt. 17

City State Zip Code  
Cedar Falls IA 50613

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300128

Amount of Each Receipt this Period  
30.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet Hofmann

Mailing Address 3889 Harvest Drive

City State Zip Code  
Redwood City CA 94061

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308350

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1639 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William L. Pesetski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 4406 88th Street		<b>Transaction ID:</b> 2303271	
City State Zip Code Lubbock TX 79424		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Self Occupation Property Manager		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Miriam K. Truslow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 4 Hawthorn Street		<b>Transaction ID:</b> 2300208	
City State Zip Code Cambridge MA 02138		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Harvard University Occupation Academic Administrator		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Anita Levitan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 386 Eagle Drive		<b>Transaction ID:</b> 2303394	
City State Zip Code Jupiter FL 33477		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation REQUESTED		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1640 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John C. Bernhardt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 385 Chunns Cove Road		Transaction ID: 2299198
City State Zip Code Asheville NC 28805	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions  <b>[MEMO ITEM]</b> 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>B.</b> Dr. Rosemary Hays-Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 7998 Lancelot Drive		Transaction ID: 2299175
City State Zip Code Pensacola FL 32514	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation U of West FL Professor	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>C.</b> Ms. Bright N. Springman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 4001 Pinehurst Court		Transaction ID: 2299797
City State Zip Code Riverton WY 82501	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions  <b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1641 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Christine A Garhart

Mailing Address 35 Greendale Dr

City State Zip Code  
Saint Louis MO 63121

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Missouri-St. Louis  
Occupation teaching

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2007

Transaction ID: 2303299

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lori Rose Colina-Lee

Mailing Address 205 Galena

City State Zip Code  
Bellvue CO 80512

FEC ID number of contributing federal political committee. **C**

Name of Employer Self  
Occupation Metalsmith

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2007

Transaction ID: 2299840

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth B. Talley

Mailing Address 1302 Anglers Lane

City State Zip Code  
Lutz FL 33548

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  
10 / 17 / 2007

Transaction ID: 2302578

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1642 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 E Googasian

Mailing Address 3750 Orion Road

City State Zip Code  
Oakland MI 48363

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303106

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Gilbert

Mailing Address 1 Hermit Crab Ct

City State Zip Code  
Hilton Head SC 29926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAIC Senior Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299802

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline M. Dawley

Mailing Address 1301 Eugenia Ave.

City State Zip Code  
San Francisco CA 94110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300902

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1643 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Morton Kaminsky

Mailing Address 2925 Matthews Avenue

City State Zip Code  
Bronx NY 10467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYS Dept. of Motor Vehic Motor Vehicle Lic. Examne

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301960

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Crain

Mailing Address 2905 Bliss Avenue

City State Zip Code  
Clovis CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unilab Cytotechnologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299765

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Platt

Mailing Address 807 N. Howard Apt. 314

City State Zip Code  
Alexandria VA 22304

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301099

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1644 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Smith

Mailing Address 3537 Stratford Road

City State Zip Code  
Wantagh NY 11793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Barnes & Noble, Inc. VP, Human Resources

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298882**

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike Goc

Mailing Address 1766 Dixie Avenue

City State Zip Code  
Friendship WI 53934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adams Friendship Area School Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID: 2302405**

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jill W Morgan

Mailing Address 45 Politzer Dr

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
home engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID: 2300083**

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1645 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Wendy W. Benchley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 35 Boudinot Street		<b>Transaction ID:</b> 2307439
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer Princeton Borough Common Council	Occupation Princeton Borough Councilwoman	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Leonor E. McAlpine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 130 West Parkhurst		<b>Transaction ID:</b> 2298931
City State Zip Code Detroit MI 48203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Evelyn Spiegel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 80 Lyme Rd Apt 363		<b>Transaction ID:</b> 2303097
City State Zip Code Hanover NH 03755	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer	Occupation Retired	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1646 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Alan Chambers

Mailing Address 3499 Windisch Avenue

City State Zip Code  
Cincinnati OH 45208

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298969

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael A Simpson

Mailing Address 10 Somerset Place

City State Zip Code  
Wilmington MA 01887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank of New York Mellon Accounting 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  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2307959

Amount of Each Receipt this Period  
500.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Chanin H. Bradshaw

Mailing Address 17300 Ballinger Street

City State Zip Code  
Northridge CA 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Actress, 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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300205

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1647 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Emily Uhl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 3389 Meadow Ridge		<b>Transaction ID:</b> 2303238	
City Redding	State CT	Zip Code 06896	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Christine Jennings Contributions	
Name of Employer	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn M. Freeman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 130 Pheasant Run Drive		<b>Transaction ID:</b> 2308655	
City Sequim	State WA	Zip Code 98382	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Christine Jennings Contributions	
Name of Employer	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carole Markus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 112 Cardiff Road		<b>Transaction ID:</b> 2301803	
City Pittsburgh	State PA	Zip Code 15237	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Christine Jennings Contributions	
Name of Employer Markwalt Inc.	Occupation Corporate Secretary	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1648 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia Reilly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 336 Mohawk Road		<b>Transaction ID:</b> 2307058	
City State Zip Code Santa Barbara CA 93109	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation City of Santa Barbara Admin. Asst.	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Margaret R. Gannon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 6111 Parterre Dr.		<b>Transaction ID:</b> 2302012	
City State Zip Code Baton Rouge LA 70817	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation LA Supreme Court Lawyer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda Rosanio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 12 Hidden Acres Drive		<b>Transaction ID:</b> 2300592	
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation The Star Group Owner	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1649 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Mary H. D. Swift Mailing Address 33195 Millville Road City Upperville State VA Zip Code 20184 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> 2301975 Amount of Each Receipt this Period 250.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen Campbell Mailing Address PO Box 336 City Union Mills State NC Zip Code 28167 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> 2307072 Amount of Each Receipt this Period 50.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Mr. John Velz Mailing Address 809 W. 32nd Street City Austin State TX Zip Code 78705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> 2299755 Amount of Each Receipt this Period 100.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation University of Texas Professor Emeritus Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1650 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marcia Gold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 3 Eton Road		<b>Transaction ID:</b> 2299060	
City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Marilyn J Kopp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3 Hilaire Drive		<b>Transaction ID:</b> 2306520	
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Ann Garstang		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 830 8th Street		<b>Transaction ID:</b> 2302423	
City State Zip Code Boulder CO 80302	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1651 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Lyman Cammann

Mailing Address 1711 SE 41st Avenue

City State Zip Code  
Portland OR 97214

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300239

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janice E. Baker

Mailing Address 2082 Placita de Vida

City State Zip Code  
Santa Fe NM 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Admin. US Gov't Peace Corps

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300084

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Skinner Nordhoff

Mailing Address 835 Sixth Street

City State Zip Code  
Langley WA 98260

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300012

Amount of Each Receipt this Period  
1000.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1652 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Bailey

Mailing Address P.O. Box 878

City State Zip Code  
Morongo Valley CA 92256

FEC ID number of contributing federal political committee. **C**

Name of Employer unemployed 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300938

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Lazarus, Jr.

Mailing Address 3201 Fessenden Street, N.W.

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Sonosky, Chambers 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 Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308652

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy G. White

Mailing Address 6100 Westchester Park Drive Apt. 1417

City State Zip Code  
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300027

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1653 / 2072
	<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. Rilla Whitten

Mailing Address P.O. Box 651

City State Zip Code  
Ocean City MD 21843

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298972

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eva Shaye

Mailing Address 2405 Briarcrest Road

City State Zip Code  
Beverly Hills CA 90210

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 Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307046

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. June Thomasson

Mailing Address 3175 Chinook Drive

City State Zip Code  
Fairbanks AK 99709

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299190

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1654 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
A. Eiseman

Mailing Address 140 Woodbrook Road

City State Zip Code  
White Plains NY 10605

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299188

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janis G. Paul

Mailing Address P.O. Box 291261

City State Zip Code  
Port Orange FL 32129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self CP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299751

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Phillips

Mailing Address 6625 N. Saint Louise Avenue

City State Zip Code  
Lincolnwood IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwestern University Faculty Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300931

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1655 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Catherine Manz Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 85316 Coyote Creek Road		<b>Transaction ID:</b> 2303072
City State Zip Code Veneta OR 97487	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Mary E. McGuire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 840 Kings Highway		<b>Transaction ID:</b> 2299814
City State Zip Code Shreveport LA 71104	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation None	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Amy M Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 5 Mirrielees Circle		<b>Transaction ID:</b> 2300554
City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation retired social worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1656 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300161

Amount of Each Receipt this Period  
10.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Deborah Ann Huba

Mailing Address 660 Amor Drive

City State Zip Code  
Cocoa FL 32927

FEC ID number of contributing federal political committee. **C**

Name of Employer State of FL 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300081

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Lou Tudor

Mailing Address 210 E Suntree Street

City State Zip Code  
Tucson AZ 85737

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303057

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1657 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Gail Silverman

Mailing Address 9 Island Avenue, Apt. 1814

City State Zip Code  
Miami Beach FL 33139

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300539

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lise Menn

Mailing Address 1625 Mariposa Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302420

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Thelma M. Taylor

Mailing Address 3018 Riverview Road

City State Zip Code  
Lawrence KS 66049

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299705

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1658 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Stephanie L. Ertel

Mailing Address 624 Wheless Ave

City State Zip Code  
Kerrville TX 78028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Richard R. Ertel, P.C. 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299825

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean M. Andrews

Mailing Address 15081 Ford Road Pt. 319

City State Zip Code  
Dearborn MI 48126

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303113

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara E. Bernstein

Mailing Address 2456 Angelo Drive

City State Zip Code  
Los Angeles CA 90077

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308368

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1659 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Mary April Hill Mailing Address 1620 Meadowview Drive City Medford State OR Zip Code 97504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> 2303918 Amount of Each Receipt this Period 50.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joan Goldstein Mailing Address 2100 North Salisbury Street City West Lafayette State IN Zip Code 47906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300533 Amount of Each Receipt this Period 50.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Purdue University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Counselor Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Lehar Mailing Address 3005 Stockett Way City San Diego State CA Zip Code 92117 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2300089 Amount of Each Receipt this Period 100.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1660 / 2072
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Holdsambeck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 3000 Dupree Drive		<b>Transaction ID:</b> 2301793	
City State Zip Code Huntsville AL 35801	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janet Lohr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 66 Granada Avenue		<b>Transaction ID:</b> 2302016	
City State Zip Code San Francisco CA 94112	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation City College of SF Teacher	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Diane Farage		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2541 Oakwood Dr. SE		<b>Transaction ID:</b> 2301998	
City State Zip Code East Grand Rapids MI 49506	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1661 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hilde Grey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 11 Riverside Drive, Apt. 16FW		Transaction ID: 2299828	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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>B.</b> Ms. Marla D Jensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1615 Bittern Ct.		Transaction ID: 2300558	
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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) <b>C.</b> Ms. Lillian Fencl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 2492 Lakeshore Drive		Transaction ID: 2301821	
City State Zip Code Fennville MI 49408	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1662 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Anne Barstow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address PO Box 531		<b>Transaction ID:</b> 2299790
City Sheffield State MA Zip Code 01257	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer SUNY Occupation professor	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Leslie Andrews		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 905 3rd Street		<b>Transaction ID:</b> 2299206
City Santa Cruz State CA Zip Code 95060	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sallie t Gouverneur		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 10 bleecker street 4a		<b>Transaction ID:</b> 2300170
City New York State NY Zip Code 10012	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer self Occupation nonprofit admin	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1663 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elaine F. Marshack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 4 Washingt n Square Vlg Apt. 13A		<b>Transaction ID:</b> 2302450	
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contri- butions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally S. Rumbaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 6353 Caminito Del Pastel		<b>Transaction ID:</b> 2299077	
City State Zip Code San Diego CA 92111	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contri- butions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Laura Ruth Lane-Reticker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 61 W Marginal Road		<b>Transaction ID:</b> 2307912	
City State Zip Code Brunswick ME 04011	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contri- butions	
Name of Employer Occupation Homemaker	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1664 / 2072
	<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. Wendy Hoyt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 2331 Garden Hwy		Transaction ID: 2302402	
City State Zip Code Sacramento CA 95833		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation REQUESTED		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

B. Full Name (Last, First, Middle Initial) Ms. Sue S. Phillips		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address P.O. Box 327		Transaction ID: 2308376	
City State Zip Code Cameron NC 28326		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

C. Full Name (Last, First, Middle Initial) Dr. Mary H. Samuels, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 775 Park Avenue		Transaction ID: 2300020	
City State Zip Code New York NY 10065		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1665 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Kolodny		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 64 W 89 Street		<b>Transaction ID:</b> 2301884
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Self-Employed consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Leora Schuelka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 3047 Rutledge Avenue PO Box 26		<b>Transaction ID:</b> 2299158
City State Zip Code Cedar IA 52543	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sharon K. Fortmeyer-Selan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address PO Box 1737		<b>Transaction ID:</b> 2299228
City State Zip Code Cypress TX 77410	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation NCR Corp. Marketing Director	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1666 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susan P. Cramer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 25 Autumn Lane		<b>Transaction ID:</b> 2301913	
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rosalie Y. Goldberg		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1241 Gulf of Mexico Drive #407		<b>Transaction ID:</b> 2300015	
City State Zip Code Longboat Key FL 34228	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert Schnure		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7	
Mailing Address 1212 Kirkland Village Circle		<b>Transaction ID:</b> 2303229	
City State Zip Code Bethlehem PA 18017	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1667 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn M Heilman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1020 Miller Ave		<b>Transaction ID:</b> 2299516	
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation MIG,INC part time emp Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth E. Cayer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1080 Rahway Road		<b>Transaction ID:</b> 2303292	
City State Zip Code Plainfield NJ 07060	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Helen C Morrison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 2959 Burnside Road		<b>Transaction ID:</b> 2303280	
City State Zip Code Sebastopol CA 95472	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions		
Name of Employer Occupation retired artist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1668 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Paula Kurasch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7
Mailing Address 99 Gutzon Borglum Road		<b>Transaction ID:</b> 2307908
City State Zip Code Stamford CT 06903	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Helen C. Spear		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2615 Pecos Street		<b>Transaction ID:</b> 2299753
City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 252 Highwood Ave		<b>Transaction ID:</b> 2299242
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Christine Jennings Contributions	
Name of Employer Occupation Self-employed	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1669 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Estelle K. Meislich

Mailing Address 2150 Center Avenue  
Apt. 17B

City Fort Lee State NJ Zip Code 07024

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303409

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Block

Mailing Address 500 SE Mizner Blvd

City Boca Raton State FL Zip Code 33432

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298963

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Greta W. Crosby

Mailing Address 2150 N. Meridian Avenue  
Apt. 1306

City Wichita State KS Zip Code 67203

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301928

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1670 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 W. Regan

Mailing Address 1535 N Market St

City State Zip Code  
Jacksonville FL 32206

FEC ID number of contributing federal political committee. **C**

Name of Employer Harris Associates, 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298980

Amount of Each Receipt this Period  
200.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen M. Moshak

Mailing Address 5010 Louise Street

City State Zip Code  
Skokie IL 60077

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301873

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nell L. Farr

Mailing Address 6501 Brockenhurst Drive

City State Zip Code  
Elk Grove CA 95758

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298951

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1671 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Priscilla Klomparens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 9131 S.W. 19th Street		Transaction ID: 2301906	
City Miami	State FL	Zip Code 33165	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer	Occupation Retired		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kate Koschnieder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 252 Northwood Hills Drive		Transaction ID: 2298920	
City Fredericksburg	State TX	Zip Code 78624	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer	Occupation Retired		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth S. Frank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 646 Canterbury Drive		Transaction ID: 2300043	
City Augusta	State GA	Zip Code 30909	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer	Occupation Retired		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1672 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Lucinda B Emmet

Mailing Address 40040 Little Oatlands Ln

City Leesburg State VA Zip Code 20175

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303276

Amount of Each Receipt this Period  
200.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte A Lowrey

Mailing Address 4838 Oscar Court

City Fremont State CA Zip Code 94538

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299042

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lisa R. Hack

Mailing Address 123 Northwood Ave

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Media Specialist  
Montgomery County Public Schools

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298859

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1673 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ruth Tupler

Mailing Address 6570 S.W. 47th Court

City Ft. Lauderdale State FL Zip Code 33314

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin Tupler Trucking Occupation Office 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301829

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy F. Knecht

Mailing Address 17 Bret Harte Terrace

City San Francisco State CA Zip Code 94133

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300118

Amount of Each Receipt this Period  
500.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sally Gutowski

Mailing Address 41365 Fortuna Dr E

City Clinton Twp State MI Zip Code 48038

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300279

Amount of Each Receipt this Period  
20.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1674 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Barbara R. Moorhouse

Mailing Address 632 Rolling Rock Rd

City Bloomfield State MI Zip Code 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Research analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2299843

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Grisco

Mailing Address P.O. Box 202045

City Anchorage State AK Zip Code 99520

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID:** 2307093

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Merle B. Peratis

Mailing Address 2174 South Main Street

City Salt Lake City State UT Zip Code 84115

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Ceramics, Inc. Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299169

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1675 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Guttman

Mailing Address 178 Beethoven Avenue

City State Zip Code  
Waban MA 02468

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300228

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen Cohen

Mailing Address Box 395

City State Zip Code  
Dixon NM 87527

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300058

Amount of Each Receipt this Period  
35.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rebekah S. Sims

Mailing Address 6707 Broxburn Drive

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
At-home Mom

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301840

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1676 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Nancy Munroe

Mailing Address 2355 E. Miraval Segundo

City Tucson State AZ Zip Code 85718

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299737

Amount of Each Receipt this Period  
500.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie Thomson

Mailing Address 3135 NW Circle A Drive

City Portland State OR Zip Code 97229

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300070

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Wilfong

Mailing Address 314 Partridge Road

City E Dummerston State VT Zip Code 05346

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299085

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1677 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Belle Fay Levin

Mailing Address 21785 Cypress Drive  
Apt. 46G

City State Zip Code  
Boca Raton FL 33433

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308352

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Olivia Eielson

Mailing Address 6817 Colton Boulevard

City State Zip Code  
Oakland CA 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's College Academic Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303086

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Irene G. Casper

Mailing Address 145 Huckleberry Drive

City State Zip Code  
Jackson WY 83001

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298943

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1678 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Victoria J Perkins

Mailing Address 11000 Huntover Drive

City State Zip Code  
Rockville MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer B.F. Saul Company Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

Transaction ID: 2302023

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret A. Behrle

Mailing Address P.O. Box 437

City State Zip Code  
Granham NH 03753

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  
10 / 09 / 2007

Transaction ID: 2300908

Amount of Each Receipt this Period  
200.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy S. Bell

Mailing Address 14431 Redmond Way #309

City State Zip Code  
Redmond WA 98052

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  
10 / 17 / 2007

Transaction ID: 2303056

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1679 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Rev. Shana A Lynngood</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 311 Rock Creek Church Rd. NW		<b>Transaction ID: 2303464</b>	
City State Zip Code Washington DC 20011		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer All Souls Church, Unitarian Occupation Minister		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia Hall Wheeler</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2306 E. Wimpleton Lane		<b>Transaction ID: 2299031</b>	
City State Zip Code Bloomington IN 47401		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Indiana Univ.--Bloomington Occupation University Registrar		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth I. Levitt Hirsch</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9951 Kip Drive		<b>Transaction ID: 2301116</b>	
City State Zip Code Beverly Hills CA 90210		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Self-Employed Occupation FOUNDATION FIELD REP		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1680 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Lucy B Stroock		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 55 Frost St.		Transaction ID: 2298895	
City Cambridge	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02140		Christine Jennings Contributions	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] MEMO	
Name of Employer City of Cambridge	Occupation retired 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>B.</b> Ms. Natalina Ferlauto		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 109 Babbs Hollow		Transaction ID: 2298884	
City Greenville	State SC	Amount of Each Receipt this Period 100.00	
Zip Code 29607		Christine Jennings Contributions	
FEC ID number of contributing federal political committee. C		[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>C.</b> Ms. Patsy Rogers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address P.O. Box 616		Transaction ID: 2301794	
City New Suffolk	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 11956		Christine Jennings Contributions	
FEC ID number of contributing federal political committee. C		[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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1681 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Helen W Gjessing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 301844		Transaction ID: 2303070	
City St. Thomas	State VI	Zip Code 00803	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Christine Jennings 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	

B. Full Name (Last, First, Middle Initial) Ms. Joan Haverkate		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 7 Eboe Street		Transaction ID: 2299226	
City Alva	State FL	Zip Code 33920	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Christine Jennings 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	

C. Full Name (Last, First, Middle Initial) Ms. Ellen Werback		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 529 Kevin Court		Transaction ID: 2303062	
City Ridgecrest	State CA	Zip Code 93555	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Christine Jennings Contributions	
Name of Employer Self	Occupation Piano Teacher		
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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1682 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Eleanor Weinstock

Mailing Address 525 South Flagler Drive  
Apt. 12c

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308364

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Melinda K. Reed

Mailing Address 3671 Ward Road

City State Zip Code  
Wheat Ridge CO 80033

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301136

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert F. Schumann

Mailing Address P.O. Box 813

City State Zip Code  
Madison CT 06443

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300264

Amount of Each Receipt this Period  
500.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1683 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Elsie S. Sweeney

Mailing Address 21775 Woodland Crest Drive

City State Zip Code  
Woodland Hills CA 91364

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301893

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jane R. Olsen

Mailing Address 5132 Saint Davids Drive

City State Zip Code  
Vero Beach FL 32967

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303903

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Piantanida

Mailing Address P.O. Box 883431

City State Zip Code  
San Francisco CA 94188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BBI Engineering Audio Installer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299224

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1684 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Belinda Engelmann Mailing Address 265 High Branch Way City Roswell State GA Zip Code 30075 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> 2302575 Amount of Each Receipt this Period 250.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self-Employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret C. Coltrera Mailing Address 69 Willow Street City Brooklyn State NY Zip Code 11201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300892 Amount of Each Receipt this Period 50.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Mr. William L. Campbell Mailing Address 425 Ridgeway Street City Saint Joseph State MI Zip Code 49085 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300574 Amount of Each Receipt this Period 100.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1685 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 P. Temple

Mailing Address 32 Blood Street

City State Zip Code  
Pepperell MA 01463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Town of Harvard Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301805

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara L. King

Mailing Address 30 Old Mount Tom Road  
PO Box 345

City State Zip Code  
Bantam CT 06750

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303089

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Andrea M. Mazzone

Mailing Address 1423 W. Maple Avenue

City State Zip Code  
Kalamazoo MI 49008

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299774

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1686 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Nora A 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  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308377

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie G. Lowenberg

Mailing Address 5321 Drane Drive

City State Zip Code  
Dallas TX 75209

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300935

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Harriet B. Naughton

Mailing Address 317 Spencer Drive

City State Zip Code  
Amherst MA 01002

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300067

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1687 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Susan Burkhardt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 94 New Road		<b>Transaction ID:</b> 2298903	
City State Zip Code Salisbury NH 03268		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Occupation REQUESTED		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret M. Ballard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 5300 Holmes Run Pky Ph 4		<b>Transaction ID:</b> 2301970	
City State Zip Code Alexandria VA 22304		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation HDR Engineering Manager		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joy Silver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 1059 W Skylark Drive		<b>Transaction ID:</b> 2307441	
City State Zip Code Palatine IL 60067		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Drs. Bedingfield and Rosen Pediatrician		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1688 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Marina Angel

Mailing Address 220 Locust Street #15D

City Philadelphia State PA Zip Code 19106

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2007

Transaction ID: 2300092

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Kruse

Mailing Address PO Box 1577

City Piscataway State NJ Zip Code 08855

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  
10 / 05 / 2007

Transaction ID: 2300271

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn E. Urquidi

Mailing Address PO Box 1296

City Solana Beach State CA Zip Code 92075

FEC ID number of contributing federal political committee. **C**

Name of Employer Assistance League Occupation Tutor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

Transaction ID: 2303090

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1689 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 D. Thompson

Mailing Address 1435 Crestline Dr

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  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302588

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mildred M. Kellogg

Mailing Address 720 Austin Drive

City State Zip Code  
West Richland WA 99353

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2307079

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol M. Edmunds

Mailing Address 308 Silver St

City State Zip Code  
Bennington VT 05201

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299821

Amount of Each Receipt this Period  
40.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1690 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Craig

Mailing Address 1715 Catherine Court

City State Zip Code  
Spanish Lake MO 63138

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301968

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis B. Wender

Mailing Address 115 E 67th Street #6C

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rosenstone 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298927

Amount of Each Receipt this Period  
200.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Floride B. Kidder

Mailing Address 12616 W. Crescent Drive

City State Zip Code  
Dunlap IL 61525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kidder Music Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300280

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1691 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pauline M. Edwards-Delaney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 4718 Hallmark Drive, # 351		Transaction ID: 2300050	
City State Zip Code Houston TX 77056	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jill P. Sengel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 2748 Fort Myer Avenue		Transaction ID: 2307097	
City State Zip Code Henderson NV 89052	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Self Artist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Reva Biers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 4631 Ellenita Ave		Transaction ID: 2300107	
City State Zip Code Tarzana CA 91356	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1692 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 46 Village Way		<b>Transaction ID:</b> 2303123	
City State Zip Code Port Ludlow WA 98365		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation One Beacon SR VP		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan B. Fisher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 349 170 West Center Road		<b>Transaction ID:</b> 2300951	
City State Zip Code West Stockbridge MA 01266		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Museum of Broadcasting Executive		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Joyce R. Solo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 100 Dublin Road Apt. 2224		<b>Transaction ID:</b> 2298974	
City State Zip Code Mankato MN 56001		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Homemaker		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1693 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Linda Zenick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 5500 Friendship Blvd. Apt. N1522		<b>Transaction ID:</b> 2300876
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Unemployed REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Whittall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 2300 Indian Creek Boulevard Apartment C-121		<b>Transaction ID:</b> 2300111
City State Zip Code Vero Beach FL 32966	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jack R. Estes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 1367 E Lindo Ave # 1A		<b>Transaction ID:</b> 2303912
City State Zip Code Chico CA 95926	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1694 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Maurer

Mailing Address 205 N3 Carpenter Road SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer State of WA Occupation Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

Transaction ID: 2303078

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kirsten Nathanson

Mailing Address 1001 Pennsylvania Avenue NW  
FI 11

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Crowell & Maring 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  
10 / 09 / 2007

Transaction ID: 2300597

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret R. Monaghan

Mailing Address PO Box 531175

City State Zip Code  
Birmingham AL 35253

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  
10 / 12 / 2007

Transaction ID: 2302018

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**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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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 McCormack

Mailing Address 442 N. Newbridge Road

City State Zip Code  
Levittown NY 11756

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302063

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert D. Schwartz

Mailing Address 2753 W. Bonnie Brook Lane

City State Zip Code  
Waukegan IL 60087

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299048

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy G. Dickinson

Mailing Address 202 Wall Street

City State Zip Code  
Corning NY 14830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Landscape 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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307915

Amount of Each Receipt this Period  
75.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1696 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Eugene A. Hildreth

Mailing Address 2000 Cambridge Avenue  
Apt. 129

City State Zip Code  
Wyomissing PA 19610

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298937

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Gaggino

Mailing Address PO Box 685

City State Zip Code  
Throckmorton TX 76483

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299075

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Okrent

Mailing Address 439 Veteran Avenue

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCLA Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299069

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1697 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Betty L. Patterson

Mailing Address 4358 Dell Rd Apt B

City State Zip Code  
Lansing MI 48911

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299230

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary E. Lerza

Mailing Address 2600 Overland Avenue #101

City State Zip Code  
Los Angeles CA 90064

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299729

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Peters

Mailing Address 11346 Lorien Court

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MPM Manor, Inc. Author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301994

Amount of Each Receipt this Period  
500.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1698 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 J. Buterbaugh

Mailing Address 1208 1/2 Xenia Ave.

City State Zip Code  
Yellow Springs OH 45387

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308638

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patricia Kenschaft

Mailing Address 56 Gordonhurst Avenue

City State Zip Code  
Upper Montclair NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montclair State University 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 Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300895

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marie E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298831

Amount of Each Receipt this Period  
15.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1699 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Jane R. Hammer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 10450 Lottsford Road Apt. 4107		<b>Transaction ID:</b> 2300126	
City State Zip Code Mitchellville MD 20721		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Virginia Ritchie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 276 Merion Avenue		<b>Transaction ID:</b> 2300594	
City State Zip Code Haddonfield NJ 08033		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carol Murray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 2319 N. Brighton Place		<b>Transaction ID:</b> 2302431	
City State Zip Code Arlington Hts. IL 60004		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Christine Jennings Contributions	
Name of Employer Occupation REQUESTED		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1700 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Madeline H. Mixer

Mailing Address 76 Bonnie Lane

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300250

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anne B Ramsay

Mailing Address 20 South 19th St

City State Zip Code  
Fernandina Beach FL 32034

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  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 2303404

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Feldstein

Mailing Address 425 Wembley Circle

City State Zip Code  
Atlanta GA 30328

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  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** 2301984

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1701 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Miss Marjorie D. Seward

Mailing Address 435 Martin Terrace

City State Zip Code  
State College PA 16803

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300224

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Seidel

Mailing Address 425 East 63rd Street

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Art Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301962

Amount of Each Receipt this Period  
250.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Constance Jahn

Mailing Address 1603 Lee Street

City State Zip Code  
Mesquite TX 75149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Restoration Hardware Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299214

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1702 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Barbara L. Eidem		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3496 Winding Trail Circle		<b>Transaction ID:</b> 2307075	
City State Zip Code Virginia Beach VA 23456	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Mervin Rosenbaum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 423 Willow Lane		<b>Transaction ID:</b> 2299182	
City State Zip Code Baytown TX 77520	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn Sellman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 2 Yearling Way		<b>Transaction ID:</b> 2307952	
City State Zip Code Luthvle Timon MD 21093	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1703 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jane Walsh Gralen Mailing Address 42 Durham Court City State Zip Code Burr Ridge IL 60527 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7 <b>Transaction ID:</b> 2302400 Amount of Each Receipt this Period 75.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Gwendolyn C. Murphree Mailing Address 102 Loyola Rd City State Zip Code St Augustine FL 32086 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298956 Amount of Each Receipt this Period 100.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Eileen S. Tsai Mailing Address 2 Falling Leaf City State Zip Code Irvine CA 92612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 2303291 Amount of Each Receipt this Period 25.00 Christine Jennings Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation tax technician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1704 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Verne VanBeynum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 419 Eagleton Cove Way		Transaction ID: 2307052	
City State Zip Code West Palm Beach FL 33418	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Winson D. Ewing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 4174 Timberline Rd		Transaction ID: 2300198	
City State Zip Code Clinton WA 98236	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Richard B. Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5202 Loyola Avenue		Transaction ID: 2303906	
City State Zip Code Westminster CA 92683	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Christine Jennings Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1705 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 B. Paulson

Mailing Address 416 N. Linn Street

City State Zip Code  
Iowa City IA 52245

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308357

Amount of Each Receipt this Period  
20.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Aycock-Burr

Mailing Address 415 South St Apt 1201

City State Zip Code  
Honolulu HI 96813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Christian Science Practitioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299195

Amount of Each Receipt this Period  
100.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Roxane Bleiweis

Mailing Address 4141 NW 37th Terrace

City State Zip Code  
Gainesville FL 32606

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301923

Amount of Each Receipt this Period  
25.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1706 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303896

Amount of Each Receipt this Period  
50.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Freeland Broyles

Mailing Address P.O. 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300885

Amount of Each Receipt this Period  
40.00

Christine Jennings Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300159

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1707 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 H. Pennell

Mailing Address 307 Spencer Dr

City State Zip Code  
Amherst MA 01002

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299165

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gail A. Peery

Mailing Address 7755 Dunhill Drive

City State Zip Code  
Sylvania OH 43560

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300132

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elisabeth Fidler

Mailing Address 4126 Vermont Street

City State Zip Code  
San Diego CA 92103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NSI Communications 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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308371

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1708 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Anna Lee Crawford

Mailing Address 195 14th Street, NE  
PH 605

City Atlanta State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300532

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara Gross

Mailing Address 13319 79th PI NE

City Kirkland State WA Zip Code 98034

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300217

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ethel S. Brody

Mailing Address 19 Quinine Hill

City Columbia State SC Zip Code 29204

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300212

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1709 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 C. McCrary

Mailing Address 4411 Ripley St

City State Zip Code  
Davenport IA 52806

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298826

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn T. Clements

Mailing Address 104 Wallacks Point

City State Zip Code  
Stamford CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist/tTeacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299732

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Edith Wolff

Mailing Address 7917 Deepwell Drive

City State Zip Code  
Bethesda MD 20817

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300960

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1710 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Bobbie L. Sterne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 3939 Erie Avenue #1120		Transaction ID: 2301918	
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation City of Cincinnati Council Member	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ellen M Kemp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 7	
Mailing Address 184 Clover Lane		Transaction ID: 2303265	
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Princeton University Education	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jean C. Hordyk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1122 E. 9th Street		Transaction ID: 2299742	
City State Zip Code Port Angeles WA 98362	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation City of Port Angeles 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1711 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 A Simpson

Mailing Address 10 Somerset Place

City State Zip Code  
Wilmington MA 01887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank of New York Mellon Accounting 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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2307957

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rita M Garrett

Mailing Address 3849 Elderberry Glen

City State Zip Code  
Escondido CA 92025

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303124

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lorraine C. McCrary

Mailing Address 4411 Ripley St

City State Zip Code  
Davenport IA 52806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301856

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1712 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Gwendolyn C. Murphree

Mailing Address 102 Loyola Rd

City State Zip Code  
St Augustine FL 32086

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298955

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303263

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Scales

Mailing Address 1800 Greenbrier Road

City State Zip Code  
Winston Salem NC 27104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker / Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307086

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1713 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 R. Freedland

Mailing Address 3737 Atlantic Ave # 612

City State Zip Code  
Long Beach CA 90807

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301889

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeannette Woodruff

Mailing Address 371 S. Bay Way

City State Zip Code  
Port Ludlow WA 98365

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299059

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sarah A Carter

Mailing Address 369 Belmont Acres Circle

City State Zip Code  
Tumbling Shoals AR 72581

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300131

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1714 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Jacqueline M. Dawley

Mailing Address 1301 Eugenia Ave.

City State Zip Code  
San Francisco CA 94110

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300903

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Brenda B. Eddy

Mailing Address 3685 Amesbury Road

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Right Associates Occupation  
Management 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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308643

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sharon Keigher

Mailing Address 1815 N Riverwalk Way

City State Zip Code  
Milwaukee WI 53212

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ. Of WI Occupation  
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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302410

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1715 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Rachelle Kramer

Mailing Address 178 E 80th St Apt 10C

City State Zip Code  
New York NY 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Campbell Soup Co. Sales Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300269

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jemma Crae

Mailing Address 6018 Coos Bay Wagon Rd

City State Zip Code  
Roseburg OR 97470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Tree Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300086

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Platt

Mailing Address 807 N. Howard Apt. 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 Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301991

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1716 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elteen K. Stone		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 3550 Pacific Avenue Apt. 705		<b>Transaction ID:</b> 2302084
City State Zip Code Livermore CA 94550	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Lawrence Laboratory Consultant	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>B.</b> Ms. Ruth K. Freymann		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 355 Blackstone Blvd		<b>Transaction ID:</b> 2303081
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> 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>C.</b> Mr. Glenn H. Watts		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 1767 Southview Dr		<b>Transaction ID:</b> 2298910
City State Zip Code Yellow Spgs OH 45387	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1717 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Maryann Somerville

Mailing Address 10110 Firwood Drive

City State Zip Code  
Cupertino CA 95014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Morgan Hills Scls. Educ. Admin.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299211

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lillian K. Rubin

Mailing Address 3535 Yuma Street, NW

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303134

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan R. Donovan

Mailing Address 130 Arrowood Lane

City State Zip Code  
San Mateo CA 94403

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2302590

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1718 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Leonor E. McAlpine

Mailing Address 130 West Parkhurst

City State Zip Code  
Detroit MI 48203

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298930

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynn Bowling

Mailing Address 147 Winona Drive

City State Zip Code  
Decatur GA 30030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DFUMWCM 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299210

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan Chambers

Mailing Address 3499 Windisch Avenue

City State Zip Code  
Cincinnati OH 45208

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298970

Amount of Each Receipt this Period  
750.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1719 / 2072
	<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. Barbara Bradshaw

Mailing Address 336 Newport Avenue

City State Zip Code  
Saint Louis MO 63119

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302000

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Craig

Mailing Address 1715 Catherine Court

City State Zip Code  
Spanish Lake MO 63138

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301965

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Gaggino

Mailing Address PO Box 685

City State Zip Code  
Throckmorton TX 76483

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299074

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1720 / 2072
	<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 Martens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 9105 Arrowhead Drive E.		Transaction ID: 2299234	
City State Zip Code Scotts MI 49088	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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. Cathy Cox		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address PO Box 409		Transaction ID: 2300194	
City State Zip Code Young Harris GA 30582	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation State of GA Secretary of State	[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. Donna Rohs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 13 Searles Road		Transaction ID: 2300555	
City State Zip Code Darien CT 06820	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Self Antiques broker	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1721 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Deborah E. Wright

Mailing Address 815 Doud Street

City Monterey State CA Zip Code 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301128

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Neal

Mailing Address PO Box 1737

City Aptos State CA Zip Code 95001

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299215

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Watson-Boone

Mailing Address 30 Camino de la Vina Vieja

City Placitas State NM Zip Code 87043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307455

Amount of Each Receipt this Period  
35.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1722 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Frances Huffman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 2400 Hoyt Street		<b>Transaction ID:</b> 2300135
City State Zip Code Winston Salem NC 27103	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Priscilla M. Leith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 162 Islington Road		<b>Transaction ID:</b> 2299251
City State Zip Code Newton MA 02466	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Self Accountant & Tax Preparer	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Annette Stumpf		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 319 Elmwood Drive		<b>Transaction ID:</b> 2307040
City State Zip Code Champaign IL 61821	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation USA Research Architect	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1723 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Myers

Mailing Address P.O. Box 609

City State Zip Code  
Flagstaff AZ 86002

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299787

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anne K. Geeding

Mailing Address 12583 Alcaccer Del Sol

City State Zip Code  
San Diego CA 92128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Clinical Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299073

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia W. White

Mailing Address 162 E. Bare Hill Road

City State Zip Code  
Harvard MA 01451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Post White Consulting Computer Software 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  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303232

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1724 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Cheryl Wilfong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 314 Partridge Road		Transaction ID: 2299083	
City E Dummerston	State VT	Amount of Each Receipt this Period 100.00	
Zip Code 05346		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[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. Kathryn J Whitmire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 46-192 Lilipuna Road		Transaction ID: 2302572	
City Kaneohe	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96744		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] MEMO	
Name of Employer self-employed	Occupation Consulting	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) Phyllis Freeland Broyles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 2216		Transaction ID: 2300882	
City McKinleyville	State CA	Amount of Each Receipt this Period 40.00	
Zip Code 95519		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1725 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Gail F. Paine

Mailing Address 312 Rte. 16A

City State Zip Code  
Intervale NH 03845

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300956

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla M. Leith

Mailing Address 162 Islington Road

City State Zip Code  
Newton MA 02466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Accountant & Tax Preparer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307444

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Brown

Mailing Address 613 NE 44th Street

City State Zip Code  
Kansas City MO 64116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Bank Adm. Asst.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300879

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1726 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Phyllis H. Pennell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 307 Spencer Dr		<b>Transaction ID:</b> 2299166
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Homemaker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Eleanor B. Crownfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 1100 Grove Street, Apt. 17		<b>Transaction ID:</b> 2300129
City State Zip Code Cedar Falls IA 50613	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Diane McNeilly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 924 N. 6th Street		<b>Transaction ID:</b> 2308646
City State Zip Code Rochelle IL 61068	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation none REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1727 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Connie F. Springer

Mailing Address 1642 Noreen Drive

City State Zip Code  
San Jose CA 95124

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307039

Amount of Each Receipt this Period  
110.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gertrude K. Meyers

Mailing Address 1240 Colonial Drive

City State Zip Code  
Baton Rouge LA 70806

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303135

Amount of Each Receipt this Period  
30.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen Sonderby

Mailing Address 88 W. Schiller Street #2602

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
San-J International Sales 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303129

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1728 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn M Heilman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1020 Miller Ave		<b>Transaction ID:</b> 2299514
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation MIG,INC part time emp Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sharon Helm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 12308 Delmar St		<b>Transaction ID:</b> 2300572
City State Zip Code Leawood KS 66209	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. mary e kearns		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 110 n. duke st		<b>Transaction ID:</b> 2301082
City State Zip Code lancaster PA 17602	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation none retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1729 / 2072
	<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. Helen B. Maurer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 10516 West Court Street		Transaction ID: 2299831	
City Pasco	State WA	Zip Code 99301	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions	
Name of Employer	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

B. Full Name (Last, First, Middle Initial) Ms. Madelon L. Rand		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 30 Hillandale Road		Transaction ID: 2301958	
City Rye Brook	State NY	Zip Code 10573	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions	
Name of Employer Brooklyn College	Occupation English Instructor	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Ms. Betsy Weaver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 3 Storey Place		Transaction ID: 2299219	
City Jamaica Plain	State MA	Zip Code 02130	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions	
Name of Employer	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1730 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Betsy N Taylor

Mailing Address 8214 Cedar Street

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Square dance caller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299250

Amount of Each Receipt this Period  
150.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Leslie Andrews

Mailing Address 905 3rd Street

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299201

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara S. Levine

Mailing Address 8135 Inverness Ridge Road

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Free-lance Editor-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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302412

Amount of Each Receipt this Period  
150.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1731 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ginger A. Metcalf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 807 West 7th Avenue		<b>Transaction ID:</b> 2299177	
City State Zip Code Spokane WA 99204	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Self Occupation Psychotherapist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Frances Y. Knight		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 58 Douglas Road		<b>Transaction ID:</b> 2303136	
City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet E. Williamson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1611 Kriste Ct.		<b>Transaction ID:</b> 2300904	
City State Zip Code St. Louis MO 63131	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1732 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Mrs. Evelyn Spiegel

Mailing Address 80 Lyme Rd Apt 363

City State Zip Code  
Hanover NH 03755

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303092

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan S. Davis

Mailing Address 791 College Avenue # 2

City State Zip Code  
Haverford PA 19041

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299028

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Laura T. Iraci

Mailing Address 161 Ada Avenue

City State Zip Code  
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NASA Chemist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299745

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1733 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Arnold

Mailing Address 7760 S. Windermere Street

City Littleton State CO Zip Code 80120

FEC ID number of contributing federal political committee. **C**

Name of Employer Fischbach, LLC Occupation Vice President/Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307918

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Leah Horwitz

Mailing Address 305 Savage Farm Drive

City Ithaca State NY Zip Code 14850

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307102

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Curriden

Mailing Address 640 Sapphire Avenue

City Billings State MT Zip Code 59105

FEC ID number of contributing federal political committee. **C**

Name of Employer USDA Forest Service Occupation Civil Servant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300257

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1734 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Ruth Goldberg

Mailing Address 7673 Cedarwood Circle

City State Zip Code  
Boca Raton FL 33434

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299788**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne Perlmutter

Mailing Address 9256 Darlington Road

City State Zip Code  
Philadelphia PA 19115

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  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307453**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elaine R. Kriegh

Mailing Address 27696 Vogue Court

City State Zip Code  
Los Altos Hills CA 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Palo Alto Unif. School Library Assitant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

**Transaction ID: 2307107**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1735 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Marianna G. Paulson

Mailing Address 152 W. Dundee Road

City State Zip Code  
Dillon CO 80435

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299834

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor Winslow

Mailing Address 16 S. Crescent

City State Zip Code  
Maplewood NJ 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maplewood Mem. 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303110

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann Rader

Mailing Address 30786 Snowbird Lane

City State Zip Code  
Evergreen CO 80439

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300921

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1736 / 2072
	<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. Arleta Carr

Mailing Address 2716 Rincon Drive

City State Zip Code  
Grand Junction CO 81503

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300112

Amount of Each Receipt this Period  
75.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce Waters

Mailing Address 4046 Tenango Road

City State Zip Code  
Claremont CA 91711

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303099

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leonard M. Shaw

Mailing Address 702 11th Avenue East

City State Zip Code  
Seattle WA 98102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300234

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1737 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Suzanne Marks		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2651 Valmar Drive		<b>Transaction ID:</b> 2303079
City State Zip Code Doraville GA 30340	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation CDC/HHS Epidemiologist	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Belinda Engelmann		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 265 High Branch Way		<b>Transaction ID:</b> 2302574
City State Zip Code Roswell GA 30075	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation Self-Employed Attorney	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Glenna L. Tinney		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 6487 Waterfield Rd		<b>Transaction ID:</b> 2300099
City State Zip Code Alexandria VA 22315	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation Navy Social Worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1738 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ann F Staley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 2609 Golden Rain Road#2		Transaction ID: 2301183	
City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Julia D. Harper		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 156 Cedar Ave.		Transaction ID: 2298889	
City State Zip Code Arlington MA 02476	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Sun Microsystems Software Engineer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Shoshana B. Herman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 6833 N.Kedzie Avenue, # 816		Transaction ID: 2299837	
City State Zip Code Chicago IL 60645	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1739 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ellen Fye

Mailing Address 1019 Woodside Pkwy

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McLean School Speech Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300103

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rita Frankel

Mailing Address 25805 Fairmount Blvd Apt 407

City State Zip Code  
Beachwood OH 44122

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298908

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sandra Kehoe

Mailing Address 680 Canterbury Lane

City State Zip Code  
Cambria CA 93428

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2302059

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1740 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolin Middleton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 85 Glen Avenue, Apt. 7		Transaction ID: 2303128	
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Lawrence Livermore National Lab Technical 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rebekah S. Sims		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 6707 Broxburn Drive		Transaction ID: 2301839	
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation At-home Mom	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Shirley Shapiro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 252 Highwood Ave		Transaction ID: 2299243	
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Self-employed	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1741 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. William Sweeney

Mailing Address 1538 East West Hwy

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Senate Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2007

Transaction ID: 2301086

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judith Kraines

Mailing Address 406 Arrowhead Trail

City State Zip Code  
Sinking Spring PA 19608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
County of Berks Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2007

Transaction ID: 2300959

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Catherine Sichenze

Mailing Address 256 Tichenor Avenue

City State Zip Code  
South Orange NJ 07079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

Transaction ID: 2303111

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1742 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Victor D. Nielsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 25554 Lawrence Road		Transaction ID: 2299035	
City Junction City	State OR	Amount of Each Receipt this Period 25.00	
Zip Code 97448		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[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. Dorothea C. Li		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 66 Old Tappan Rd		Transaction ID: 2299241	
City Glen Cove	State NY	Amount of Each Receipt this Period 20.00	
Zip Code 11542		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[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		

C. Full Name (Last, First, Middle Initial) Ms. Billie Bobbitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address c/o Margaret Bobbitt P.O. Box 13383		Transaction ID: 2307962	
City Tuscon	State AZ	Amount of Each Receipt this Period 1000.00	
Zip Code 85711		Hillary Clinton Contributions	
FEC ID number of contributing federal political committee. C		[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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1743 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Fannie S. Fishlyn Mailing Address 1530 5th Street, Apt. 604 City Santa Monica State CA Zip Code 90401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <b>Transaction ID: 2299807</b> Amount of Each Receipt this Period 25.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan Beberfall Mailing Address 65-25 160th Street Apt. 15B City Flushing State NY Zip Code 11365 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID: 2308636</b> Amount of Each Receipt this Period 50.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation NY State Supreme Court Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lynette Sahnou Mailing Address 15230 Southwest 141st Ave. City Tigard State OR Zip Code 97224 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Transaction ID: 2299237</b> Amount of Each Receipt this Period 50.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1744 / 2072
	<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. Elizabeth S. Frank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 646 Canterbury Drive		Transaction ID: 2300041	
City State Zip Code Augusta GA 30909	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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. Patricia Ness		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 2515 Caminito Muirfield		Transaction ID: 2300195	
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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. Shelley R. Conrath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 6451 Old Rt. 33		Transaction ID: 2298978	
City State Zip Code Athens OH 45701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1745 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 J. Ghiron

Mailing Address 12 Stroll Rock Common

City State Zip Code  
Fairfield CT 06824

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID: 2301867**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Victoria J Perkins

Mailing Address 11000 Huntover Drive

City State Zip Code  
Rockville MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B.F. Saul Company 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  
1 0 / 1 2 / 2 0 0 7

**Transaction ID: 2302022**

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lillian Fencl

Mailing Address 2492 Lakeshore Drive

City State Zip Code  
Fennville MI 49408

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301818**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1746 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. LaRonda Bowen

Mailing Address 64 N Mar Vista Ave Apt 206

City Pasadena State CA Zip Code 91106

FEC ID number of contributing federal political committee. **C**

Name of Employer B & A Occupation Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307067

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy B. Crowley

Mailing Address 24907 Ward Street

City Dearborn State MI Zip Code 48124

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299240

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dana Buske

Mailing Address 12 Martin Street

City Arlington State MA Zip Code 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 Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300958

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1747 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300157

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Laurens Anderson

Mailing Address 6205 Mineral Point Rd Apt 520

City State Zip Code  
Madison WI 53705

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298944

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Britt A Cocanour

Mailing Address 6606 Allegheny Ave

City State Zip Code  
Takoma Park MD 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer EMILY's List Occupation Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307099

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1748 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Stephanie A. Mercier

Mailing Address 6155L Edsall Road

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Congress Economist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301987

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joann Harris

Mailing Address 241 Melba Lane

City State Zip Code  
Highland Park IL 60035

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303133

Amount of Each Receipt this Period  
150.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank Watson

Mailing Address 15 Woodmere Court

City State Zip Code  
Paoli PA 19301

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307941

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1749 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Sonia Vallianos

Mailing Address 15 Walker Street

City State Zip Code  
Somerville MA 02144

FEC ID number of contributing federal political committee. **C**

Name of Employer Foxboro Co. Occupation Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299768

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arnold S. Wajenberg

Mailing Address 240 Donald Drive

City State Zip Code  
Goffstown NH 03045

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300219

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol Williams

Mailing Address 108 Catharine Street

City State Zip Code  
Philadelphia PA 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer Nonprofit Finance Fund Occupation Financial 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299778

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1750 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Sharon Pittman

Mailing Address 1459 Filbert Avenue

City State Zip Code  
Chico CA 95926

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303424

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anne Fendrich

Mailing Address 5186 S Shalom Park

City State Zip Code  
Aurora CO 80015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pioneer Drama Services, Inc. Managing 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299053

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Wendy Hoyt

Mailing Address 2331 Garden Hwy

City State Zip Code  
Sacramento CA 95833

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302403

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1751 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Cecille H. Burroughs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 12505 Greenwood Avenue N Apt. B215		Transaction ID: 2301824
City State Zip Code Seattle WA 98133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> 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>B.</b> Mrs. Claudia Bosack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 17 Lansing Street		Transaction ID: 2299236
City State Zip Code Carmel NY 10512	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> 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>C.</b> Dr. Nancy England		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 593 Knox Road 1300 E.		Transaction ID: 2302424
City State Zip Code Maquon IL 61458	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1752 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Irene G. Casper		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 145 Huckleberry Drive		<b>Transaction ID:</b> 2298942
City State Zip Code Jackson WY 83001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Betty Head		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 119 Maple Road		<b>Transaction ID:</b> 2307043
City State Zip Code Cobleskill NY 12043	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Jane C. Connelly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 576 Vinewood		<b>Transaction ID:</b> 2300068
City State Zip Code Birmingham MI 48009	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1753 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sue S. Phillips		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address P.O. Box 327		<b>Transaction ID:</b> 2308375	
City Cameron	State NC	Zip Code 28326	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Hillary Clinton 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) ▼		<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Jane Pringle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 2327 E. First Street		<b>Transaction ID:</b> 2300148	
City Tucson	State AZ	Zip Code 85719	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Hillary Clinton Contributions	
Name of Employer Occupation Psychotherapist	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Paula Susemichel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5703 Broadway Street		<b>Transaction ID:</b> 2307966	
City Indianapolis	State IN	Zip Code 46220	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Hillary Clinton Contributions	
Name of Employer Occupation Senior Consultant	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1754 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Francine Kim		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1444 N Orleans St Apt 6K		<b>Transaction ID:</b> 2307080	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation UT Medical Group Physician	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan R. Keller		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 57 Seashell Lane		<b>Transaction ID:</b> 2300604	
City State Zip Code East Falmouth MA 02536	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Anna May Timmons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 428		<b>Transaction ID:</b> 2302397	
City State Zip Code Mackinac Island MI 49757	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1755 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Sue J Kilrain

Mailing Address 56 Clarendon St

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303234

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Purcell

Mailing Address 10 Willowbrook Ave

City State Zip Code  
Lansdowne PA 19050

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  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302404

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Joiner

Mailing Address 5538 Lincrest Ln

City State Zip Code  
Houston TX 77056

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299702

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1756 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 T. Meyer

Mailing Address 117 Holly Forest

City State Zip Code  
Nashville TN 37221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nashville Public Library 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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302003

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyn M. Feintech

Mailing Address 10106 Empyrean Way #102

City State Zip Code  
Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307451

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nadine R. Tucker

Mailing Address P.O. Box 493185

City State Zip Code  
Redding CA 96049

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299829

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1757 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Mary D. Thompson Mailing Address 1435 Crestline Dr City State Zip Code Santa Barbara CA 93105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID: 2302586</b> Amount of Each Receipt this Period 25.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joann Peters Mailing Address 9832 Lake Haven Circle City State Zip Code Fort Worth TX 76108 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID: 2308657</b> Amount of Each Receipt this Period 200.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Janice Baumer Mailing Address 5254 Lola Way City State Zip Code Columbus OH 43235 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID: 2300277</b> Amount of Each Receipt this Period 50.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1758 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Helen Thomas

Mailing Address 319 S. Arnold Street

City State Zip Code  
Mount Pleasant MI 48858

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  
10 / 24 / 2007

Transaction ID: 2307452

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mina Laskey

Mailing Address 221 Hailey Dr.

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Association Benefits Agency Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

Transaction ID: 2303115

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Frances P. Kessler

Mailing Address 11005 Blue Wing Place

City State Zip Code  
Auburn CA 95603

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  
10 / 26 / 2007

Transaction ID: 2307936

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1759 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Celia Sorkin

Mailing Address 6910 108 Street

City State Zip Code  
Forest Hills NY 11375

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300942

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon E Taylor

Mailing Address 524 Park Avenue

City State Zip Code  
Lock Haven PA 17745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lock Haven University of PA Director of Athletics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299039

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shannon M. Buscho

Mailing Address 14319 Highway 238

City State Zip Code  
Jacksonville OR 97530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gap, Inc retail executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299185

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1760 / 2072
<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. Eleanor Weinstock

Mailing Address 525 South Flagler Drive  
Apt. 12c

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308361

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janette E. Hill

Mailing Address 116 N 5th Street

City State Zip Code  
Beatrice NE 68310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hill Home Furnishings Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2307981

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Bland

Mailing Address P.O. Box 477

City State Zip Code  
Fox Island WA 98333

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308348

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1761 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Aurelia Wick

Mailing Address 52015 Avenida Obregon

City State Zip Code  
La Quinta CA 92253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Inland Counties Legal 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299208

Amount of Each Receipt this Period  
300.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lenore S Cohen

Mailing Address 11539 Cushman Road

City State Zip Code  
Rockville 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 Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: 2308791

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cindy S Smartt

Mailing Address 1427 Vue Du Bay Ct.

City State Zip Code  
San Diego CA 92109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Smartt Entertainment, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299045

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1762 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth Bedore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 510 West High Street		Transaction ID: 2303132	
City Greenville State MI Zip Code 48838	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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>B.</b> Ms. H Jean Kraft		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 508 Weir Road		Transaction ID: 2307953	
City Aston State PA Zip Code 19014	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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>C.</b> Ms. Joanne Kimberlin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 5024 Horseshoe Trail		Transaction ID: 2300134	
City Dallas State TX Zip Code 75209	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> 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 1763 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ronnie L. Leavitt

Mailing Address 143 Twin Hills Drive

City State Zip Code  
Long Meadow MA 01106

FEC ID number of contributing federal political committee. **C**

Name of Employer U. Conn Occupation 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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300201

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen M. Moshak

Mailing Address 5010 Louise Street

City State Zip Code  
Skokie IL 60077

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301871

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Block

Mailing Address 500 SE Mizner Blvd

City State Zip Code  
Boca Raton FL 33432

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298961

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1764 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Rhoda Weisz

Mailing Address 500 East Marylyn Avenue, #A-1

City State Zip Code  
State College PA 16801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303420

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jo Anne Bander

Mailing Address 500 Alhambra Circle

City State Zip Code  
Coral Gables FL 33134

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300061

Amount of Each Receipt this Period  
1300.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Davidow

Mailing Address 1416 Broadway

City State Zip Code  
Santa Cruz CA 95062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PVUSD 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299235

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1765 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 A. Oppenheim

Mailing Address P.O. Box 965

City State Zip Code  
Naples FL 34106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bethany Beach Books Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300062

Amount of Each Receipt this Period  
2300.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla Klomparens

Mailing Address 9131 S.W. 19th Street

City State Zip Code  
Miami FL 33165

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301905

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anne Meredith Smoke

Mailing Address 2122 Massachusetts Avenue  
NW Apt 227

City State Zip Code  
Washington DC 20008

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299836

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1766 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Betty Becker

Mailing Address 101-A Cherry Street

City State Zip Code  
Black Mountain NC 28711

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303898

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte White

Mailing Address 21100 Gary Drive Apt 102

City State Zip Code  
Castro Valley CA 94546

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300133

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wes Yamamoto

Mailing Address 486 Avery Berry Loop

City State Zip Code  
Tiller OR 97484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USDA Forest Service Forester

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303119

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1767 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Charlotte A Lowrey

Mailing Address 4838 Oscar Court

City State Zip Code  
Fremont CA 94538

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299041

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Giselle A Jurkanin

Mailing Address 483 El Alamo

City State Zip Code  
Danville CA 94526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Little & Saputo 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299794

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nelda Cuppy

Mailing Address PO Box 224

City State Zip Code  
Moran KS 66755

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301900

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1768 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Hunter Hancock

Mailing Address 481 Cedar Crest

City State Zip Code  
Claremont CA 91711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pacific Oaks College College Admin.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298915**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Gabriele A. Nanda

Mailing Address 1409 Aldenham Lane

City State Zip Code  
Reston VA 20190

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID: 2300216**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Reynolds

Mailing Address PO Box 2762

City State Zip Code  
Fort Bragg CA 95437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299157**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1769 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Patricia L. Jehle

Mailing Address 4760 Crystal Dr

City Beulah State MI Zip Code 49617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300074

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna Stevens

Mailing Address 720 Seneca Street Apt. 701

City Seattle State WA Zip Code 98101

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298954

Amount of Each Receipt this Period  
125.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jane L. Ruehle

Mailing Address 14000 E. Progress Way

City Aurora State CO Zip Code 80015

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301916

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1770 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Margaret K Bradley

Mailing Address 55 Park Street

City State Zip Code  
Charlestown MA 02129

FEC ID number of contributing federal political committee. **C**

Name of Employer  
CBR Institute for Biomedical Research

Occupation  
scientific 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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307035

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn H. Grimes

Mailing Address 3302 Hickory Brook Lane

City State Zip Code  
Kingwood TX 77345

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302430

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Robbin Frazier

Mailing Address 7345 France Avenue N.

City State Zip Code  
Minneapolis MN 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Onvog Inc.

Occupation  
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 Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299783

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1771 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Stephanie Nicodemus

Mailing Address 2074 Whitings Neck Rd.

City State Zip Code  
Martinsburg WV 25404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shenandoah Womens' Health certified nurse-midwife

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303065

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pat McCormack

Mailing Address 442 N. Newbridge Road

City State Zip Code  
Levittown NY 11756

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302026

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne Snodgrass

Mailing Address 10501 Lagrima De Oro NE

City State Zip Code  
Albuquerque NM 87111

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  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303241

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1772 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara von der Groeben		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 2033 Ralston Avenue # 173		Transaction ID: 2303405
City Belmont State CA Zip Code 94002	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Genertech Inc. Occupation Dir. Corporate Compliance	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 13719 Lake Drive		Transaction ID: 2300246
City Plainfield State IL Zip Code 60544	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Georgia R. Donnelly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 4410 Julies Terrace W.		Transaction ID: 2303400
City Tacoma State WA Zip Code 98466	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1773 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Annette M. Dwyer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 20221 83rd Place NE		<b>Transaction ID:</b> 2300045	
City State Zip Code Kenmore WA 98028	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Homemaker	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jacob F. Skinner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1 Pine St Apt 12C		<b>Transaction ID:</b> 2301799	
City State Zip Code Petersbough NH 03458	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Elm City Brew Pub Restaurant Worker	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William L. Pesetski		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 4406 88th Street		<b>Transaction ID:</b> 2303269	
City State Zip Code Lubbock TX 79424	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions		
Name of Employer Occupation Self Property Manager	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1774 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Wanda T. Will

Mailing Address 201 W Evergreen Ave Apt 704

City Philadelphia State PA Zip Code 19118

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307454

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss Marjorie D. Seward

Mailing Address 435 Martin Terrace

City State College State PA Zip Code 16803

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300221

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Stephen Ehrlichman

Mailing Address 74 Oakvale

City Highland Park State IL Zip Code 60035

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303910

Amount of Each Receipt this Period  
2000.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1775 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Anne Kesler Shields

Mailing Address 1134 Burke Street

City State Zip Code  
Winston Salem NC 27101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302446

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298829

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie Skrapits

Mailing Address 431 North Ott Street

City State Zip Code  
Allentown PA 18104

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300073

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1776 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Irene R. Weiss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 200 E. Southern Avenue		<b>Transaction ID:</b> 2301830
City State Zip Code Apache Jct. AZ 85219	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marilyn K. Alimpich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 335 Hartsough Avenue		<b>Transaction ID:</b> 2300272
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Social Security Administration Social/Insurance Specialist	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ellen Matten		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address PO Box 835		<b>Transaction ID:</b> 2300047
City State Zip Code Boalsburg PA 16827	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation USDA Staff Officer	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1777 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. James Mattocks, Jr.

Mailing Address PO Box 77416

City Greensboro State NC Zip Code 27417

FEC ID number of contributing federal political committee. **C**

Name of Employer Richmond City Health Occupation Inspector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301896

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Leslie Hefner

Mailing Address 424 Little Lake Drive Apt. 33

City Ann Arbor State MI Zip Code 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300273

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Denise Gregory

Mailing Address 4233 County Road 4006

City Tebbetts State MO Zip Code 65080

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Missouri Occupation Personnel 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299716

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1778 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Eileen S. Tsai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 7
Mailing Address 2 Falling Leaf		<b>Transaction ID:</b> 2303289
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Ceridian tax technician	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Martha L. Potter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 100 Village Green Drive Apt. B1		<b>Transaction ID:</b> 2299087
City State Zip Code Kittery ME 03904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Philip Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1127 James Blvd		<b>Transaction ID:</b> 2302440
City State Zip Code Signal Mtn TN 37377	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1779 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Kathy Wharton Steele

Mailing Address 10421 Bancroft Lane

City State Zip Code  
Frisco TX 75035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JC Penney Stone Planner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307920

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary B Appling

Mailing Address 1921 N. WESTMORELAND ST.

City State Zip Code  
Arlington VA 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
dynalectric Electrician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 7

Transaction ID: 2300144

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen M Brown

Mailing Address 4005 Johnson Street

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302564

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1780 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Susan B. Magee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 4000 Cathedral Avenue NW Apartment 604B		<b>Transaction ID:</b> 2300527	
City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions		
Name of Employer Self Occupation Writer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Douglas Berman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1120 Spring Street, # 1103		<b>Transaction ID:</b> 2299507	
City Seattle State WA Zip Code 98104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions		
Name of Employer SunGard Higher Education Occupation Senior Project Manager	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Ruth B. Talley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1302 Anglers Lane		<b>Transaction ID:</b> 2302580	
City Lutz State FL Zip Code 33548	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1781 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ken 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 Commonwealth of Massachusetts  
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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303282

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sallie t Gouverneur

Mailing Address 10 bleecker street  
4a

City State Zip Code  
New York NY 10012

FEC ID number of contributing federal political committee. **C**

Name of Employer self  
Occupation nonprofit admin

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300175

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. William C. Buskirk

Mailing Address P.O. Box 50984

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  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298809

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1782 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Victoria B. Abrams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 17 Tanglewood Drive		<b>Transaction ID:</b> 2299092
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions	
Name of Employer self Occupation Health Care Management Consult	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sandra B Wolber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 16445 San Jose Street		<b>Transaction ID:</b> 2300141
City State Zip Code Granada Hills CA 91344	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions	
Name of Employer Gershuni & Goldstein LLP Occupation Paralegal	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marilyn M Heilman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 1020 Miller Ave		<b>Transaction ID:</b> 2299513
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Jeanne Shaheen Contributions	
Name of Employer MIG,INC part time emp Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1783 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Patricia B Campbell Mailing Address 80 Lakeside Dr City Groton State MA Zip Code 01450 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> 2300513 Amount of Each Receipt this Period 250.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Campbell-Kibler Associates Occupation Educational researcher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Leora Schuelka Mailing Address 3047 Rutledge Avenue PO Box 26 City Cedar State IA Zip Code 52543 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> 2300512 Amount of Each Receipt this Period 25.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Martha H. Newell Mailing Address 922 Taylor Street City Missoula State MT Zip Code 59802 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 2300182 Amount of Each Receipt this Period 250.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer JRPRC Occupation Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1784 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Cecile B Michael Mailing Address 11 El Sereno Court City State Zip Code San Francisco CA 94127 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> 2299517 Amount of Each Receipt this Period 100.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen I Peterson Mailing Address 9429 37th Ave SW City State Zip Code Seattle WA 98126 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300568 Amount of Each Receipt this Period 100.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Dynacare/LabCorp Medical Lab technician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy W Kurtz Mailing Address 70 High St City State Zip Code South Dartmouth MA 02748 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> 2300811 Amount of Each Receipt this Period 200.00 Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation none none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1785 / 2072
	<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. Julia A Dominian

Mailing Address 3113 Florence Drive

City State Zip Code  
Latham NY 12110

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  
10 / 06 / 2007

Transaction ID: 2300506

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
MM / DD / YYYY  
10 / 06 / 2007

Transaction ID: 2300163

Amount of Each Receipt this Period  
10.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Norma L Graser

Mailing Address 2382 Nobili Ave.

City State Zip Code  
Santa Clara CA 95051

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  
10 / 12 / 2007

Transaction ID: 2301172

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1786 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carol j Jennings		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 7	
Mailing Address 2308 pine knoll dr. 1		<b>Transaction ID:</b> 2300507	
City State Zip Code Walnut Creek CA 94595		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Jeanne Shaheen Contributions	
Name of Employer none Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Patsy Rogers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address P.O. Box 616		<b>Transaction ID:</b> 2300514	
City State Zip Code New Suffolk NY 11956		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Jeanne Shaheen Contributions	
Name of Employer Self Occupation composer, teacher		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Juliette Wilkerson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 22 Tall Oaks Court		<b>Transaction ID:</b> 2302592	
City State Zip Code Parlin NJ 08859		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Jeanne Shaheen Contributions	
Name of Employer Alcatel Lucent Occupation Manager		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1787 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Lenore S Cohen

Mailing Address 11539 Cushman Road

City State Zip Code  
Rockville 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  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** 2308790

Amount of Each Receipt this Period  
50.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Lonoff

Mailing Address 7000 Polins Court

City State Zip Code  
Alexandria VA 22306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US gov't. Program Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300565

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donal N Mahon

Mailing Address 2210 Pinehurst Court

City State Zip Code  
El Cerrito CA 94530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ILWU Local 6 labor representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298812

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1788 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Amy M Schwartz

Mailing Address 5 Mirrielees Circle

City State Zip Code  
Great Neck NY 11021

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation social worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300552

Amount of Each Receipt this Period  
25.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Giselle A Jurkanin

Mailing Address 483 El Alamo

City State Zip Code  
Danville CA 94526

FEC ID number of contributing federal political committee. **C**

Name of Employer Little & Saputo 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 Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300511

Amount of Each Receipt this Period  
125.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucy Wilson Benson

Mailing Address 46 Sunset Ave

City State Zip Code  
Amherst MA 01002

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300503

Amount of Each Receipt this Period  
100.00

Jeanne Shaheen Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1789 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Priscilla A Gilman Mailing Address 4537 Deer Run City State Zip Code Evans GA 30809 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299046 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	7														
100.00																							
Name of Employer: Medical College of GA Occupation: Physician educator 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Marie E Steen Mailing Address 432 Ashington Drive City State Zip Code Mountain Home AR 72653 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2298833 Amount of Each Receipt this Period <table border="1"> <tr> <td>15.00</td> </tr> </table> Jeanne Shaheen Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7	15.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	1		2	0	0	7														
15.00																							
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																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Julia Stephenson Mailing Address 19446 Northampton Drive City State Zip Code Saratoga CA 95070 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300095 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	7														
50.00																							
Name of Employer: Occupation: Retired computer specialist 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1790 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Cheryl Rofer

Mailing Address 402 Vera Drive

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 Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300209

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy J. Malville

Mailing Address 1323 Bluebell Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO Anthropologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299762

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen A. Summers

Mailing Address 401 Hillcrest Way

City State Zip Code  
Bellingham WA 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED Ordained 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300024

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1791 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Laura T. Iraci

Mailing Address 161 Ada Avenue

City State Zip Code  
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NASA Chemist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299744

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Costa

Mailing Address 1122 El Centro Avenue

City State Zip Code  
Oakland CA 94602

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299711

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rita S Vandenburg

Mailing Address 3972 Amyx Ct

City State Zip Code  
Hayward CA 94542

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302007

Amount of Each Receipt this Period  
10.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1792 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 C Lopez

Mailing Address 1832 Hartford Path

City State Zip Code  
The Villages FL 32162

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303417

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia G. Miller

Mailing Address 6015 Wellesley Avenue

City State Zip Code  
Pittsburgh PA 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reed,Smith,Shaw&McClay 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300037

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Faye Gelhard

Mailing Address 1307 Edgewood Drive

City State Zip Code  
East Earl PA 17519

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303083

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1793 / 2072
	<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)  
Mrs. Marjorie M. Cox

Mailing Address 3782 Taylorsville Road

City State Zip Code  
Louisville KY 40220

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307083

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rachelle Kramer

Mailing Address 178 E 80th St Apt 10C

City State Zip Code  
New York NY 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Campbell Soup Co. Sales Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300268

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karin J Hemmingsen

Mailing Address 361 Richardson Ave.

City State Zip Code  
Attleboro MA 02703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mattapan Community Health 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298905

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1794 / 2072
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Elvera B. Shappirio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 608 Soule Boulevard		<b>Transaction ID:</b> 2300028	
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Self Occupation artist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Platt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 807 N. Howard Apt. 314		<b>Transaction ID:</b> 2301098	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Leonor E. McAlpine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 130 West Parkhurst		<b>Transaction ID:</b> 2298934	
City State Zip Code Detroit MI 48203	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1795 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Chanin H. Bradshaw

Mailing Address 17300 Ballinger Street

City State Zip Code  
Northridge CA 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Actress, Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300203

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Hart Hinkson

Mailing Address 100 Thorndale Drive, Apt. 262

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  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302019

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamela H. Roderick

Mailing Address 111 Hicks Street, # 25b

City State Zip Code  
Brooklyn NY 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  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302434

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1796 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Susanne Woods

Mailing Address 17273 La Brisa Lane

City State Zip Code  
Sugarloaf Shores FL 33042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheaton College, MA 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2303158

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Roseanne M. Keogh

Mailing Address 3352 Crescent Street

City State Zip Code  
Astoria NY 11106

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300242

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Velz

Mailing Address 809 W. 32nd Street

City State Zip Code  
Austin TX 78705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Texas Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299757

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1797 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Bonnie Simms		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 81 San Juan Drive		<b>Transaction ID:</b> 2300215	
City State Zip Code Palm Coast FL 32137		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation REQUESTED		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ann Craig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 1715 Catherine Court		<b>Transaction ID:</b> 2301963	
City State Zip Code Spanish Lake MO 63138		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Karen Campbell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address PO Box 336		<b>Transaction ID:</b> 2307069	
City State Zip Code Union Mills NC 28167		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1798 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Henry Dasenbrock

Mailing Address 3300 Darby Road, Apt. 4105

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299726

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patsy Rogers

Mailing Address P.O. Box 616

City State Zip Code  
New Suffolk NY 11956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self composer, teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301797

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Hon. Dawn Clark Netsch

Mailing Address 1700 North Hudson Avenue

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwestern University Professor of Law Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307927

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1799 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 A. Behrle

Mailing Address P.O. Box 437

City State Zip Code  
Granham NH 03753

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300910

Amount of Each Receipt this Period  
200.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Wilfong

Mailing Address 314 Partridge Road

City State Zip Code  
E Dummerston VT 05346

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299084

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Helen W Gjessing

Mailing Address P.O. Box 301844

City State Zip Code  
St. Thomas VI 00803

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303068

Amount of Each Receipt this Period  
200.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1800 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Victoria B. Abrams

Mailing Address 17 Tanglewood Drive

City State Zip Code  
Concord MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Health Care Management Consult

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299091

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Catherine Manz Smith

Mailing Address 85316 Coyote Creek Road

City State Zip Code  
Veneta OR 97487

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303075

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anne H. Ehrlich

Mailing Address Biological Sciences  
Stanford University

City State Zip Code  
Stanford CA 94305

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanford Univ. Occupation Sr. Research 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299156

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1801 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth I. Levitt Hirsch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 9951 Kip Drive		Transaction ID: 2301115	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Self-Employed	Occupation FOUNDATION FIELD REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		
		<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Minnie J. Carson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 12440 Rivercrest Drive		Transaction ID: 2307047	
City State Zip Code Little Rock AR 72212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
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		
		<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Katherine Hunting		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 9218 Long Branch Parkway		Transaction ID: 2300030	
City State Zip Code Silver Spring MD 20901	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer George Washington University	Occupation Epidemiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		
		<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1802 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Warren Hagstrom

Mailing Address 916 Shorewood Blvd.

City State Zip Code  
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of WI Professor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300925

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gail Silverman

Mailing Address 9 Island Avenue, Apt. 1814

City State Zip Code  
Miami Beach FL 33139

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300538

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Leslie Andrews

Mailing Address 905 3rd Street

City State Zip Code  
Santa Cruz CA 95060

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299203

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1803 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Beverlee Mitchell

Mailing Address 3012 West Hollywood Avenue

City State Zip Code  
Chicago IL 60659

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302005

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne M. Huber

Mailing Address 8629 Lilyn Road

City State Zip Code  
San Diego CA 92126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
kaiser Permanente social worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299525

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lise Menn

Mailing Address 1625 Mariposa Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302416

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1804 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Mary E. McGuire

Mailing Address 840 Kings Highway

City State Zip Code  
Shreveport LA 71104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299816**

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara J Corwin

Mailing Address 1230 Winding Ridge Terrace

City State Zip Code  
Colorado Springs CO 80919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sun Microsystems, Inc SW Engineering Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID: 2307923**

Amount of Each Receipt this Period  
200.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Skinner Nordhoff

Mailing Address 835 Sixth Street

City State Zip Code  
Langley WA 98260

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID: 2300011**

Amount of Each Receipt this Period  
1000.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1805 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia W. White		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 162 E. Bare Hill Road		<b>Transaction ID:</b> 2303230
City State Zip Code Harvard MA 01451	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Post White Consulting Occupation Computer Software Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marla D Jensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1615 Bittern Ct.		<b>Transaction ID:</b> 2300557
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lisa R. Hack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 123 Northwood Ave		<b>Transaction ID:</b> 2298860
City State Zip Code Silver Spring MD 20901	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Montgomery County Public Schools Occupation Media Specialist	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1806 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Helen C Morrison

Mailing Address 2959 Burnside Road

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303278

Amount of Each Receipt this Period  
200.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyn Spiegel

Mailing Address 80 Lyme Rd Apt 363

City State Zip Code  
Hanover NH 03755

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303094

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Greene

Mailing Address 80 Central Park W.  
Apt. 6B

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300076

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1807 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Joyce Mitchell Price		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 29 Placitas Trails Road		<b>Transaction ID:</b> 2298957	
City State Zip Code Placitas NM 87043		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Self Occupation Self Writer		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Suzanne Griffith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2802 W. Skyline Parkway		<b>Transaction ID:</b> 2299051	
City State Zip Code Duluth MN 55806		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer State of Wisconsin Occupation State of Wisconsin Professor		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elaine R. Kriegh		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 27696 Vogue Court		<b>Transaction ID:</b> 2307108	
City State Zip Code Los Altos Hills CA 94022		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Palo Alto Unif. School Occupation Palo Alto Unif. School Library Assitant		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1808 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Elise Wendel Murray

Mailing Address 75 Cherry Brook Drive

City State Zip Code  
Princeton NJ 08540

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299722

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Levy

Mailing Address 642 Heritage Hls # B

City State Zip Code  
Somers NY 10589

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301791

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. E. Laurie Scholl

Mailing Address 1095 Yank Street

City State Zip Code  
Golden CO 80401

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300034

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1809 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 M. Edmunds

Mailing Address 308 Silver St

City Bennington State VT Zip Code 05201

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299819**

Amount of Each Receipt this Period  
40.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie W. Witting

Mailing Address 7116 Fort Hunt Rd Apt 387

City Alexandria State VA Zip Code 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 Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID: 2300230**

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lynn E Hauser

Mailing Address 950 N Michigan Avenue Apt 5403

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID: 2301176**

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1810 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David L. Wells		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 7000 Steely Ridge Road		<b>Transaction ID:</b> 2301142	
City State Zip Code Grizzly Flats CA 95636	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Joan Fitz-Gerald Contributions	
	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen Blumenthal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 7 High Point Lane		<b>Transaction ID:</b> 2298945	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Policy Advocate	Joan Fitz-Gerald Contributions	
	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joan Haverkate		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 7 Eboe Street		<b>Transaction ID:</b> 2299225	
City State Zip Code Alva FL 33920	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	Joan Fitz-Gerald Contributions	
	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1811 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 E. Lerza

Mailing Address 2600 Overland Avenue #101

City State Zip Code  
Los Angeles CA 90064

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  
10 / 03 / 2007

Transaction ID: 2299728

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Grissom

Mailing Address 120 Martindale Dr.

City State Zip Code  
Youngsville NC 27596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's School Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2007

Transaction ID: 2301988

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Tupler

Mailing Address 6570 S.W. 47th Court

City State Zip Code  
Ft. Lauderdale FL 33314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Austin Tupler Trucking Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 10 / 2007

Transaction ID: 2301827

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1812 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Fannie S. Fishlyn

Mailing Address 1530 5th Street, Apt. 604

City State Zip Code  
Santa Monica CA 90401

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299808

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nell L. Farr

Mailing Address 6501 Brockenhurst Drive

City State Zip Code  
Elk Grove CA 95758

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298952

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara W. Moxon

Mailing Address 31 Joseph Walker Drive

City State Zip Code  
West Columbia SC 29169

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303414

Amount of Each Receipt this Period  
200.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1813 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Eileen Storey

Mailing Address 65 Nassahegan Dr

City Burlington State CT Zip Code 06013

FEC ID number of contributing federal political committee. **C**

Name of Employer U of CT 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 Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303221

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joann Peters

Mailing Address 9832 Lake Haven Circle

City Fort Worth State TX Zip Code 76108

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307446

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Kolodny

Mailing Address 64 W 89 Street

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301883

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1814 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lillian Fencil Mailing Address 2492 Lakeshore Drive City Fennville State MI Zip Code 49408 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301816 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	0		2	0	0	7														
50.00																							
Name of Employer Occupation Name of Employer Occupation RECEIVED 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>B.</b> Full Name (Last, First, Middle Initial) Mrs. Jeanne Moore Mailing Address 12 Somer Drive City Somerville State NJ Zip Code 08876 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2303907 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	7														
100.00																							
Name of Employer Occupation Name of Employer Occupation Borough Councilwoman 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Maxine Rost Mailing Address P.O. Box 105 City Willard State MT Zip Code 59354 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301800 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	0		2	0	0	7														
50.00																							
Name of Employer Occupation Name of Employer Occupation Accountant 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1815 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margie Sinagra		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 6380 W Ina Rd		<b>Transaction ID:</b> 2301902	
City Tucson	State AZ	Zip Code 85743	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	
Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances J. Kwapil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 12501 Greenwood Avenue N Apt. C320		<b>Transaction ID:</b> 2299731	
City Seattle	State WA	Zip Code 98133	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	
Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Norma McCallan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 627 Camino Don Emilio		<b>Transaction ID:</b> 2302398	
City Santa Fe	State NM	Zip Code 87507	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	
Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1816 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Penelope A. Borden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 1018 Monte Drive		Transaction ID: 2303059
City State Zip Code Santa Barbara CA 93110	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Historian Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Susan Katz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 6230 Wilshire Blvd. #2080		Transaction ID: 2300158
City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions  <b>[MEMO ITEM]</b> MEMO
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Rev. Shana A Lynngood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 311 Rock Creek Church Rd. NW		Transaction ID: 2303462
City State Zip Code Washington DC 20011	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer All Souls Church, Unitarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Minister Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1817 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Williams

Mailing Address 108 Catharine Street

City Philadelphia State PA Zip Code 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer Nonprofit Finance Fund Occupation Financial 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299776

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Hester G Gelber

Mailing Address P.O. Box 20207

City Stanford State CA Zip Code 94309

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanford University Occupation 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 Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300120

Amount of Each Receipt this Period  
150.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gail Carver Eisenberger

Mailing Address 240 Kala Heights Drive

City Port Townsend State WA Zip Code 98368

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300017

Amount of Each Receipt this Period  
1000.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1818 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 R. Gannon

Mailing Address 6111 Parterre Dr.

City State Zip Code  
Baton Rouge LA 70817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LA Supreme Court Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302011

Amount of Each Receipt this Period  
15.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Rosanio

Mailing Address 12 Hidden Acres Drive

City State Zip Code  
Voorhees NJ 08043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Star Group Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300591

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy F. Knecht

Mailing Address 17 Bret Harte Terrace

City State Zip Code  
San Francisco CA 94133

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300115

Amount of Each Receipt this Period  
500.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1819 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Norma L Graser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 2382 Nobili Ave.		Transaction ID: 2303459	
City State Zip Code Santa Clara CA 95051	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Joan Fitz-Gerald Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth Luce		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 61 Charlou Cir		Transaction ID: 2301908	
City State Zip Code Englewood CO 80111	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Joan Fitz-Gerald Contributions		
Name of Employer Occupation housewife	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joanne M. Hollingsworth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 607 Gould Terrace		Transaction ID: 2298916	
City State Zip Code Hermosa Beach CA 90254	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Joan Fitz-Gerald Contributions		
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1820 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Munroe

Mailing Address 2355 E. Miraval Segundo

City Tucson State AZ Zip Code 85718

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  
10 / 03 / 2007

Transaction ID: 2299735

Amount of Each Receipt this Period  
500.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Phyllis Freeland Broyles

Mailing Address P.O. Box 2216

City McKinleyville State CA Zip Code 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  
10 / 09 / 2007

Transaction ID: 2300884

Amount of Each Receipt this Period  
40.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen L. Kafka

Mailing Address 5912 Otley Dr

City Alexandria State VA Zip Code 22310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Smithsonian Museum Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
10 / 03 / 2007

Transaction ID: 2299749

Amount of Each Receipt this Period  
30.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1821 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Jane Pringle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 2327 E. First Street		<b>Transaction ID:</b> 2300147	
City State Zip Code Tucson AZ 85719	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00		
Name of Employer Turning Points Therapy	Occupation Psychotherapist	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Donna I. Rich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 6830 S.W. 48th Terrace		<b>Transaction ID:</b> 2300093	
City State Zip Code Miami FL 33155	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00		
Name of Employer Rio Palenque Research Corp	Occupation Environmental Chemist	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sara E Morton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 5532 Wilkins Ave.		<b>Transaction ID:</b> 2301814	
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00		
Name of Employer	Occupation Retired	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1822 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Victor H Mailey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 163 River Road		<b>Transaction ID:</b> 2300063	
City State Zip Code New Bedford MA 02745	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Self Occupation Physician	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Margaret K Bradley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 55 Park Street		<b>Transaction ID:</b> 2307037	
City State Zip Code Charlestown MA 02129	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer CBR Institute for Biomedical Research Occupation scientific manager	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth Searles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 106 Kendal Dr		<b>Transaction ID:</b> 2307435	
City State Zip Code Oberlin OH 44074	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1823 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Whittall

Mailing Address 2300 Indian Creek Boulevard  
Apartment C-121

City State Zip Code  
Vero Beach FL 32966

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300110

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lucy B Stroock

Mailing Address 55 Frost St.

City State Zip Code  
Cambridge MA 02140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Cambridge retired 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298896

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth J. Stemler

Mailing Address 11675 W. 107 Avenue

City State Zip Code  
Westminster CO 80021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Share Our Streight 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299707

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1824 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 D. Thompson

Mailing Address 1435 Crestline Dr

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  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2302587**

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor Weinstock

Mailing Address 525 South Flagler Drive  
Apt. 12c

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID: 2308359**

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marina Angel

Mailing Address 220 Locust Street #15D

City State Zip Code  
Philadelphia PA 19106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Temple 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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID: 2300090**

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1825 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. E. Jeanne Murphey

Mailing Address 522 S. Station Road

City State Zip Code  
Glen Carbon IL 62034

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299803

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Belle Fay Levin

Mailing Address 21785 Cypress Drive  
Apt. 46G

City State Zip Code  
Boca Raton FL 33433

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308351

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anne Fendrich

Mailing Address 5186 S Shalom Park

City State Zip Code  
Aurora CO 80015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pioneer Drama Services, Inc. Managing 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299054

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1826 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Elsie S. Sweeney

Mailing Address 21775 Woodland Crest Drive

City State Zip Code  
Woodland Hills CA 91364

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301890

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Kelso

Mailing Address 5142 Milburn Road

City State Zip Code  
Saint Louis MO 63129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CSC Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299799

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barbara S. Stowe

Mailing Address 11507 Woodstock Way

City State Zip Code  
Reston VA 20194

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308649

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1827 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Andrea M. Mazzone

Mailing Address 1423 W. Maple Avenue

City State Zip Code  
Kalamazoo MI 49008

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299771

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Deborah M. Floyd

Mailing Address 502 Lexington Lane

City State Zip Code  
Richardson TX 75080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US FDA Entomologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303401

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joy Silver

Mailing Address 1059 W Skylark Drive

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Drs. Bedingfield and Rosen Pediatrician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307442

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1828 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Helen M. Moshak

Mailing Address 5010 Louise Street

City State Zip Code  
Skokie IL 60077

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2301872

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margery Fridstein

Mailing Address PO 5926

City State Zip Code  
Snowmass Village CO 81615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299034

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Block

Mailing Address 500 SE Mizner Blvd

City State Zip Code  
Boca Raton FL 33432

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298959

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1829 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Lyman Cammann

Mailing Address 1711 SE 41st Avenue

City State Zip Code  
Portland OR 97214

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300240

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy M. Welch

Mailing Address 534 Sheffield Drive

City State Zip Code  
Springfield OH 45506

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301812

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Young

Mailing Address 2109 Tawhee Dr.

City State Zip Code  
Madison WI 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CUNA Mutual Group computer nerd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** 2301112

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1830 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Guthrie

Mailing Address 1411 Cedar Lane

City State Zip Code  
Estes Park CO 80517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299179

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jane L. Ruehle

Mailing Address 14000 E. Progress Way

City State Zip Code  
Aurora CO 80015

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301917

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pauline M. Edwards-Delaney

Mailing Address 4718 Hallmark Drive, # 351

City State Zip Code  
Houston TX 77056

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300052

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1831 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Willard H. Elsbee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 209 Grosvenor Street		<b>Transaction ID:</b> 2300949	
City Athens	State OH	Zip Code 45701	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation Retired	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jocelyn Ray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 11405 Osage Road		<b>Transaction ID:</b> 2299216	
City Reno	State NV	Zip Code 89508	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation REQUESTED	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Janice E. Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 2082 Placita de Vida		<b>Transaction ID:</b> 2300085	
City Santa Fe	State NM	Zip Code 87505	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer Admin.	Occupation US Gov't Peace Corps	Joan Fitz-Gerald Contributions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1832 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 J. Rave

Mailing Address 4599 W. 36th Place, Unit 7

City State Zip Code  
Denver CO 80212

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298923

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Eleanor Wall

Mailing Address 451 S Kenilworth Avenue

City State Zip Code  
Elmhurst IL 60126

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303919

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Haspel

Mailing Address 14 Merrivale Road

City State Zip Code  
Great Neck NY 11021

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301914

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1833 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Sandy V Gooch

Mailing Address 4498 Woodman Ave.,  
A121

City Sherman Oaks State CA Zip Code 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation real estate development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300871

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lori Rose Colina-Lee

Mailing Address 205 Galena

City Bellvue State CO Zip Code 80512

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Metalsmith

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299839

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Hardy Frank

Mailing Address 1140 Portland Place, Apt. 02

City Boulder State CO Zip Code 80304

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301868

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1834 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 McCormack

Mailing Address 442 N. Newbridge Road

City State Zip Code  
Levittown NY 11756

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302065

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Borud

Mailing Address 2047 Hunter's Ridge Drive #207

City State Zip Code  
Mason City IA 50401

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299192

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. William L. Pesetski

Mailing Address 4406 88th Street

City State Zip Code  
Lubbock TX 79424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Property Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303270

Amount of Each Receipt this Period  
5.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1835 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pat Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address PO Box 675		Transaction ID: 2307910	
City South Beach	State OR	Zip Code 97366	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Joan Fitz-Gerald Contributions	
Aggregate Year-to-Date ▼ 0.00		[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Maria Geiselhart		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 137 Lakeshore Drive		Transaction ID: 2298907	
City Oakland	State NJ	Zip Code 07436	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	Joan Fitz-Gerald Contributions	
Aggregate Year-to-Date ▼ 0.00		[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Okrent		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 439 Veteran Avenue		Transaction ID: 2299068	
City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer UCLA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor Emeritus	Joan Fitz-Gerald Contributions	
Aggregate Year-to-Date ▼ 0.00		[MEMO ITEM] MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1836 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy G. Dickinson Mailing Address 202 Wall Street City Corning State NY Zip Code 14830 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307914 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	6		2	0	0	7														
25.00																							
Name of Employer Self Occupation Landscape Designer 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Ann B. Pearce Mailing Address 2012 Arbor Lane City Salt Lake City State UT Zip Code 84117 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300021 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	7														
100.00																							
Name of Employer Alta Ski Lifts Occupation Office Staff Ski School 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Betty L. Patterson Mailing Address 4358 Dell Rd Apt B City Lansing State MI Zip Code 48911 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299229 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Joan Fitz-Gerald Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	7														
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1837 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Bogard

Mailing Address 2755 Macomb Street NW  
Apt. 405

City Washington State DC Zip Code 20008

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307905

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss Marjorie D. Seward

Mailing Address 435 Martin Terrace

City State College State PA Zip Code 16803

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300223

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara D. Larsen

Mailing Address 7415 Pyramid Place

City Los Angeles State CA Zip Code 90046

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303397

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1838 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Allison

Mailing Address 137 E. 19th Street # 1

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301972

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary H. D. Swift

Mailing Address 33195 Millville Road

City State Zip Code  
Upperville VA 20184

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301978

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene A. Hildreth

Mailing Address 2000 Cambridge Avenue  
Apt. 129

City State Zip Code  
Wyomissing PA 19610

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298940

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1839 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298830

Amount of Each Receipt this Period  
15.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack R. Estes

Mailing Address 1367 E Lindo Ave # 1A

City State Zip Code  
Chico CA 95926

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303913

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia House

Mailing Address 43 Winthrop Street

City State Zip Code  
Hallowell ME 04347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Plus of Michigan Health Care Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299710

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1840 / 2072
	<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. Esther Sinclair

Mailing Address 43 Tamalpais Ave

City San Anselmo State CA Zip Code 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302015

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellen Matten

Mailing Address PO Box 835

City Boalsburg State PA Zip Code 16827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Staff Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300046

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Feldstein

Mailing Address 425 Wembley Circle

City Atlanta State GA Zip Code 30328

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301983

Amount of Each Receipt this Period  
25.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1841 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Sara J. Weber

Mailing Address 9115 Ridge Blvd., # 1G

City State Zip Code  
Brooklyn NY 11209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Standard & Poor's Copy 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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302436

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Walsh Galen

Mailing Address 42 Durham Court

City State Zip Code  
Burr Ridge IL 60527

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302401

Amount of Each Receipt this Period  
75.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Constance C. Moore

Mailing Address 419 South Camac Street

City State Zip Code  
Philadelphia PA 19147

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302455

Amount of Each Receipt this Period  
100.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1842 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Eileen S. Tsai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 7
Mailing Address 2 Falling Leaf		<b>Transaction ID:</b> 2303287
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Occupation Ceridian tax technician	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Verne VanBeynum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 419 Eagleton Cove Way		<b>Transaction ID:</b> 2307054
City State Zip Code West Palm Beach FL 33418	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sallie t Gouverneur		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 10 bleecker street 4a		<b>Transaction ID:</b> 2300172
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Joan Fitz-Gerald Contributions	
Name of Employer Occupation self nonprofit admin	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1843 / 2072
	<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. Susanne E. Fountain

Mailing Address 1997 Shiloh St.

City Eugene State OR Zip Code 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307932

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Wright

Mailing Address 1127 James Blvd

City Signal Mtn State TN Zip Code 37377

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302438

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Glenda M. Dugan

Mailing Address 199 Los Banos Avenue

City Walnut Creek State CA Zip Code 94598

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303895

Amount of Each Receipt this Period  
50.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1844 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 A Simpson

Mailing Address 10 Somerset Place

City State Zip Code  
Wilmington MA 01887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank of New York Mellon Accounting 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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2307958

Amount of Each Receipt this Period  
500.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Madeline H. Mixer

Mailing Address 76 Bonnie Lane

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300253

Amount of Each Receipt this Period  
250.00

Joan Fitz-Gerald Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sandra M. P. McGann

Mailing Address 40955 Delabrooke Road

City State Zip Code  
Mechanicsville MD 20659

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307938

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1845 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Hope Syverson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 19360 Magnolia Grove Sq Unit 215		<b>Transaction ID:</b> 2300105	
City Leesburg	State VA	Zip Code 20176	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer	Occupation Retired		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy J. Malville		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1323 Bluebell Avenue		<b>Transaction ID:</b> 2299763	
City Boulder	State CO	Zip Code 80302	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer U of CO	Occupation Anthropologist		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Karen A. Summers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 401 Hillcrest Way		<b>Transaction ID:</b> 2300023	
City Bellingham	State WA	Zip Code 98225	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer REQUESTED	Occupation Ordained Minister		<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1846 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 M Brown

Mailing Address 4005 Johnson Street

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired social worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302566

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan E. Swearingen

Mailing Address 1122 N Utah Street

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US GAO Senior evaluator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307906

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bright N. Springman

Mailing Address 4001 Pinehurst Court

City State Zip Code  
Riverton WY 82501

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299795

Amount of Each Receipt this Period  
40.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1847 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Costa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1122 El Centro Avenue		<b>Transaction ID:</b> 2299712	
City State Zip Code Oakland CA 94602	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Rita S Vandenburg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 3972 Amyx Ct		<b>Transaction ID:</b> 2302004	
City State Zip Code Hayward CA 94542	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy C Lopez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1832 Hartford Path		<b>Transaction ID:</b> 2303416	
City State Zip Code The Villages FL 32162	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1848 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Anita Levitan

Mailing Address 386 Eagle Drive

City State Zip Code  
Jupiter FL 33477

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303393

Amount of Each Receipt this Period  
30.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Bernhardt

Mailing Address 385 Chunns Cove Road

City State Zip Code  
Asheville NC 28805

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299199

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rita M Garrett

Mailing Address 3849 Elderberry Glen

City State Zip Code  
Escondido CA 92025

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303126

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1849 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sharon Keigher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1815 N Riverwalk Way		<b>Transaction ID:</b> 2302409	
City State Zip Code Milwaukee WI 53212	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Univ. Of WI Professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rev. Frances Potter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 38 Little Pond Road		<b>Transaction ID:</b> 2301930	
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Marjorie M. Cox		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 3782 Taylorsville Road		<b>Transaction ID:</b> 2307084	
City State Zip Code Louisville KY 40220	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1850 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 E Googasian

Mailing Address 3750 Orion Road

City State Zip Code  
Oakland MI 48363

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303107

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Brenda B. Eddy

Mailing Address 3685 Amesbury Road

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Right Associates Management 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  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308644

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Louise Britt Carvey

Mailing Address 3601 Overton Park Drive East

City State Zip Code  
Fort Worth TX 76109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303891

Amount of Each Receipt this Period  
250.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1851 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Leonor E. McAlpine

Mailing Address 130 West Parkhurst

City State Zip Code  
Detroit MI 48203

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  
10 / 01 / 2007

**Transaction ID: 2298933**

Amount of Each Receipt this Period  
250.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christine A Garhart

Mailing Address 35 Greendale Dr

City State Zip Code  
Saint Louis MO 63121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Missouri-St. Louis teaching

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2007

**Transaction ID: 2303298**

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike Goc

Mailing Address 1766 Dixie Avenue

City State Zip Code  
Friendship WI 53934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adams Friendship Area School Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID: 2302406**

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1852 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Wendy W. Benchley Mailing Address 35 Boudinot Street City Princeton State NJ Zip Code 08540 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> 2307438 Amount of Each Receipt this Period 250.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Princeton Borough Common Council Occupation: Princeton Borough Councilwoman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7 <b>Transaction ID:</b> 2302435 Amount of Each Receipt this Period 100.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara L. Eidem Mailing Address 3496 Winding Trail Circle City Virginia Beach State VA Zip Code 23456 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> 2307074 Amount of Each Receipt this Period 100.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1853 / 2072
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Chanin H. Bradshaw		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 17300 Ballinger Street		<b>Transaction ID:</b> 2300202	
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Self Occupation Actress, Writer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Roseanne M. Keogh		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 3352 Crescent Street		<b>Transaction ID:</b> 2300243	
City State Zip Code Astoria NY 11106	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary H. D. Swift		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 33195 Millville Road		<b>Transaction ID:</b> 2301977	
City State Zip Code Upperville VA 20184	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1854 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Ann Craig

Mailing Address 1715 Catherine Court

City State Zip Code  
Spanish Lake MO 63138

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301964

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen Campbell

Mailing Address PO Box 336

City State Zip Code  
Union Mills NC 28167

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2307070

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nelda Cuppy

Mailing Address PO Box 224

City State Zip Code  
Moran KS 66755

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301901

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1855 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sharon K. Fortmeyer-Selan Mailing Address PO Box 1737 City Cypress State TX Zip Code 77410 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299227 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	7														
100.00																							
Name of Employer: NCR Corp. Occupation: Marketing Director 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Kruse Mailing Address PO Box 1577 City Piscataway State NJ Zip Code 08855 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300270 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	5		2	0	0	7														
100.00																							
Name of Employer: Occupation: Homemaker 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>C.</b> Full Name (Last, First, Middle Initial) Mr. Vincent Piantanida Mailing Address P.O. Box 883431 City San Francisco State CA Zip Code 94188 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299222 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	7														
50.00																							
Name of Employer: BBI Engnering Occupation: Audio Installer 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td></td> </tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1856 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Arthur Lazarus, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 3201 Fessenden Street, N.W.		Transaction ID: 2308651
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Sonosky, Chambers Occupation Attorney	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rowena P. Kratzer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 477		Transaction ID: 2303102
City State Zip Code North Fork CA 93643	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret A. Behrle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 437		Transaction ID: 2300912
City State Zip Code Granham NH 03753	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1857 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Cheryl Wilfong

Mailing Address 314 Partridge Road

City State Zip Code  
E Dummerston VT 05346

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299081

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara Jane Johnson

Mailing Address P.O. Box 323

City State Zip Code  
Orcas WA 98280

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303131

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Julie Thomson

Mailing Address 3135 NW Circle A Drive

City State Zip Code  
Portland OR 97229

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300069

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1858 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 F. Knecht

Mailing Address 17 Bret Harte Terrace

City State Zip Code  
San Francisco CA 94133

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300116

Amount of Each Receipt this Period  
500.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maxine Rost

Mailing Address P.O. Box 105

City State Zip Code  
Willard MT 59354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301801

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie C. Monson

Mailing Address P.O. Box 1029

City State Zip Code  
Point Reyes Sta. CA 94956

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300236

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1859 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Minnie J. Carson

Mailing Address 12440 Rivercrest Drive

City State Zip Code  
Little Rock AR 72212

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307048

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen Cohen

Mailing Address Box 395

City State Zip Code  
Dixon NM 87527

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300057

Amount of Each Receipt this Period  
35.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anne H. Ehrlich

Mailing Address Biological Sciences  
Stanford University

City State Zip Code  
Stanford CA 94305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stanford Univ. Sr. Research 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299155

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1860 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Paula Kurasch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 99 Gutzon Borglum Road		<b>Transaction ID:</b> 2307907	
City State Zip Code Stamford CT 06903	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Catherine Manz Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 85316 Coyote Creek Road		<b>Transaction ID:</b> 2303074	
City State Zip Code Veneta OR 97487	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carol M. Edmunds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 308 Silver St		<b>Transaction ID:</b> 2299820	
City State Zip Code Bennington VT 05201	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1861 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Rader

Mailing Address 30786 Snowbird Lane

City State Zip Code  
Evergreen CO 80439

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300922

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katherine Hunting

Mailing Address 9218 Long Branch Parkway

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
George Washington University Epidemiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300031

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Buhl

Mailing Address 892 Fearington Post

City State Zip Code  
Pittsboro NC 27312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self foundation consultaant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299740

Amount of Each Receipt this Period  
250.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1862 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Warren Hagstrom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 916 Shorewood Blvd.		<b>Transaction ID:</b> 2300927
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer U of WI Occupation Professor	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sara J. Weber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 9115 Ridge Blvd., # 1G		<b>Transaction ID:</b> 2302437
City State Zip Code Brooklyn NY 11209	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Standard & Poor's Occupation Copy Editor	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dortha E. Marquis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 124 Marshall Corner Woodville		<b>Transaction ID:</b> 2299159
City State Zip Code Hopewell NJ 08525	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1863 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Ms. Leslie Andrews

Mailing Address 905 3rd Street

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299204**

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marylouise Stafford

Mailing Address 900 E Harrison Avenue, H 4

City State Zip Code  
Pomona CA 91767

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  
1 0 / 1 8 / 2 0 0 7

**Transaction ID: 2303224**

Amount of Each Receipt this Period  
200.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lise Menn

Mailing Address 1625 Mariposa Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO 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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID: 2302417**

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1864 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Gail Silverman

Mailing Address 9 Island Avenue, Apt. 1814

City State Zip Code  
Miami Beach FL 33139

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300536

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Thelma M. Taylor

Mailing Address 3018 Riverview Road

City State Zip Code  
Lawrence KS 66049

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299706

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Beverlee Mitchell

Mailing Address 3012 West Hollywood Avenue

City State Zip Code  
Chicago IL 60659

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302006

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1865 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Sharon Helm

Mailing Address 12308 Delmar St

City State Zip Code  
Leawood KS 66209

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300571

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary E. McGuire

Mailing Address 840 Kings Highway

City State Zip Code  
Shreveport LA 71104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299815

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Skinner Nordhoff

Mailing Address 835 Sixth Street

City State Zip Code  
Langley WA 98260

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300010

Amount of Each Receipt this Period  
1000.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1866 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 W. White

Mailing Address 162 E. Bare Hill Road

City State Zip Code  
Harvard MA 01451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Post White Consulting Computer Software Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303231

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Deborah E. Wright

Mailing Address 815 Doud Street

City State Zip Code  
Monterey CA 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301127

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara J Corwin

Mailing Address 1230 Winding Ridge Terrace

City State Zip Code  
Colorado Springs CO 80919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sun Microsystems, Inc SW Engineering Mgr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307924

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1867 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 E. Maack

Mailing Address 2983 Siskiyou Boulevard

City State Zip Code  
Medford OR 97504

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307450

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Velz

Mailing Address 809 W. 32nd Street

City State Zip Code  
Austin TX 78705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Texas Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299756

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen C Morrison

Mailing Address 2959 Burnside Road

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303279

Amount of Each Receipt this Period  
200.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1868 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Platt

Mailing Address 807 N. Howard Apt. 314

City Alexandria State VA Zip Code 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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301096

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Rankin

Mailing Address 1222 NE 100th Street

City Seattle State WA Zip Code 98125

FEC ID number of contributing federal political committee. **C**

Name of Employer Bellevue Public School Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299806

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet E. Williamson

Mailing Address 1611 Kriste Ct.

City St. Louis State MO Zip Code 63131

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300905

Amount of Each Receipt this Period  
250.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1869 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Jayne L. Greene

Mailing Address 11 Laird Street

City State Zip Code  
Rockville MD 20850

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  
10 / 09 / 2007

**Transaction ID:** 2300944

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyn Spiegel

Mailing Address 80 Lyme Rd Apt 363

City State Zip Code  
Hanover NH 03755

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  
10 / 17 / 2007

**Transaction ID:** 2303095

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Crain

Mailing Address 2905 Bliss Avenue

City State Zip Code  
Clovis CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unilab Cytotechnologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2007

**Transaction ID:** 2299766

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1870 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Greene

Mailing Address 80 Central Park W.  
Apt. 6B

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300077

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Mitchell Price

Mailing Address 29 Placitas Trails Road

City State Zip Code  
Placitas NM 87043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298958

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mildred Johnson

Mailing Address 284 Glen Valley Drive

City State Zip Code  
Chesterfield MO 63017

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307061

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1871 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Griffith

Mailing Address 2802 W. Skyline Parkway

City State Zip Code  
Duluth MN 55806

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Wisconsin Occupation 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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299050

Amount of Each Receipt this Period  
100.00

Kay Barnes 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  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302024

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Madeline H. Mixer

Mailing Address 76 Bonnie Lane

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300252

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1872 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 B. Frank

Mailing Address 1216 Yarmouth Rd

City Wynnewood State PA Zip Code 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED Occupation Systems Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303909

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elise Wendel Murray

Mailing Address 75 Cherry Brook Drive

City Princeton State NJ Zip Code 08540

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299721

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara D. Larsen

Mailing Address 7415 Pyramid Place

City Los Angeles State CA Zip Code 90046

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303398

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1873 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Thompson

Mailing Address 1601 W. Elm St.

City Lebanon State MO Zip Code 65536

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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307042

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna Stevens

Mailing Address 720 Seneca Street Apt. 701

City Seattle State WA Zip Code 98101

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298953

Amount of Each Receipt this Period  
125.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lynn E Hauser

Mailing Address 950 N Michigan Avenue Apt 5403

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301175

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1874 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Perez

Mailing Address 704 N. 10th Street

City Humboldt State KS Zip Code 66748

FEC ID number of contributing federal political committee. **C**

Name of Employer The Monarch Cement Company Occupation Sales 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300877

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellen Fye

Mailing Address 1019 Woodside Pkwy

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer McLean School Occupation Speech Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300102

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul J. Buterbaugh

Mailing Address 1208 1/2 Xenia Ave.

City Yellow Springs State OH Zip Code 45387

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308637

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1875 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann F Staley Mailing Address 2609 Golden Rain Road#2 City State Zip Code Walnut Creek CA 94595 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> 2301182 Amount of Each Receipt this Period 50.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Donna I. Rich Mailing Address 6830 S.W. 48th Terrace City State Zip Code Miami FL 33155 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2300094 Amount of Each Receipt this Period 100.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Rio Palenque Research Corp Environmental Chemist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Olivia Eielson Mailing Address 6817 Colton Boulevard City State Zip Code Oakland CA 94611 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> 2303085 Amount of Each Receipt this Period 50.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation St. Mary's College Academic Counselor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1876 / 2072
	<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. Eileen Welsh

Mailing Address 1201 Blue Johnson Road

City Hopkins State SC Zip Code 29061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Army Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303105

Amount of Each Receipt this Period  
35.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Grissom

Mailing Address 120 Martindale Dr.

City Youngsville State NC Zip Code 27596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's School Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301989

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Phillips

Mailing Address 6625 N. Saint Louise Avenue

City Lincolnwood State IL Zip Code 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwestern University Faculty Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300930

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1877 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Joann Peters Mailing Address 9832 Lake Haven Circle City Fort Worth State TX Zip Code 76108 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307447 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	4	/	2	0	0	7														
100.00																							
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Gail Tucker Mailing Address 6605 Montecito Blvd. City Santa Rosa State CA Zip Code 95409 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299845 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	4	/	2	0	0	7														
25.00																							
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																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Diane Farage Mailing Address 2541 Oakwood Dr. SE City East Grand Rapids State MI Zip Code 49506 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301997 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	2	/	2	0	0	7														
100.00																							
Name of Employer Occupation Housewife 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1878 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Tsuk

Mailing Address 66 Iroquois Road

City State Zip Code  
Arlington MA 02476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ansoft Corp. Scientist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300122

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Storey

Mailing Address 65 Nassahegan Dr

City State Zip Code  
Burlington CT 06013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CT 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  
1 0 / 1 8 / 2 0 0 7

**Transaction ID:** 2303220

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Glenna L. Tinney

Mailing Address 6487 Waterfield Rd

City State Zip Code  
Alexandria VA 22315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Navy 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 Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300100

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1879 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Shelley R. Conrath

Mailing Address 6451 Old Rt. 33

City Athens State OH Zip Code 45701

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298977**

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Levy

Mailing Address 642 Heritage Hls # B

City Somers State NY Zip Code 10589

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301790**

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne Moore

Mailing Address 12 Somer Drive

City Somerville State NJ Zip Code 08876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Borough Councilwoman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID: 2303908**

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1880 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Lillian Fencil

Mailing Address 2492 Lakeshore Drive

City State Zip Code  
Fennville MI 49408

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  
10 / 10 / 2007

**Transaction ID:** 2301817

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Kolodny

Mailing Address 64 W 89 Street

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2007

**Transaction ID:** 2301881

Amount of Each Receipt this Period  
50.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margie Sinagra

Mailing Address 6380 W Ina Rd

City State Zip Code  
Tucson AZ 85743

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  
10 / 10 / 2007

**Transaction ID:** 2301903

Amount of Each Receipt this Period  
10.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1881 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Norma McCallan

Mailing Address 627 Camino Don Emilio

City State Zip Code  
Santa Fe NM 87507

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302399

Amount of Each Receipt this Period  
75.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Williams

Mailing Address 108 Catharine Street

City State Zip Code  
Philadelphia PA 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nonprofit Finance Fund Financial 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299777

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300155

Amount of Each Receipt this Period  
10.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1882 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Catherine A Stouch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 2442 Brookside Lane		<b>Transaction ID:</b> 2298857	
City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer Penn State University	Occupation teacher	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Phyllis Chambers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 2419 Fox Meadow Cir		<b>Transaction ID:</b> 2300189	
City Northfield	State IL	Zip Code 60093	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda Rosanio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 12 Hidden Acres Drive		<b>Transaction ID:</b> 2300589	
City Voorhees	State NJ	Zip Code 08043	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Key Barnes Contributions	
Name of Employer The Star Group	Occupation Owner	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1883 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Hester G Gelber

Mailing Address P.O. Box 20207

City State Zip Code  
Stanford CA 94309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stanford University College Professor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300121

Amount of Each Receipt this Period  
150.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Erica T. Goode

Mailing Address 615 Cypress Point Road

City State Zip Code  
Richmond CA 94801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CPMC 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  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2308374

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Brown

Mailing Address 613 NE 44th Street

City State Zip Code  
Kansas City MO 64116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Bank Adm. Asst.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300880

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1884 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Grisco

Mailing Address P.O. Box 202045

City Anchorage State AK Zip Code 99520

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307092

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sonja Peterson

Mailing Address 2395 Delaware Ave #193

City Santa Cruz State CA Zip Code 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  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303917

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tatiana J. Lowe

Mailing Address 100 Clinton Road

City Bedford Hills State NY Zip Code 10507

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302453

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1885 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Elvera B. Shappirio

Mailing Address 608 Soule Boulevard

City State Zip Code  
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300029

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joyce I. Ross

Mailing Address 2373 Ravenswoos Court

City State Zip Code  
Charlottesville VA 22911

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299723

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Skiles

Mailing Address 236 W. 27th Street

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer City University Of New York Occupation 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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307916

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1886 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Gary L. Hedden

Mailing Address 605 Harrington Avenue

City State Zip Code  
Los Altos CA 94024

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300191

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Munroe

Mailing Address 2355 E. Miraval Segundo

City State Zip Code  
Tucson AZ 85718

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299734

Amount of Each Receipt this Period  
500.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha Brandriff

Mailing Address 601 W Holly Avenue, Apt. 63

City State Zip Code  
Pitman NJ 08071

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298950

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1887 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Phyllis Freeland Broyles

Mailing Address P.O. 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  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300883

Amount of Each Receipt this Period  
40.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Leslie Oelsner

Mailing Address 1451 N. Canterbury Road

City State Zip Code  
Fayetteville AR 72701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300578

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 2300149

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1888 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Henry Davis Messer

Mailing Address 23248 Bonair Street

City State Zip Code  
Dearborn Heights MI 48127

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301789

Amount of Each Receipt this Period  
1000.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan R. Keller

Mailing Address 57 Seashell Lane

City State Zip Code  
East Falmouth MA 02536

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300603

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Blake, Jr.

Mailing Address 2322 Meadow Lark Ln.

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of MO Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299784

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1889 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Patricia Kenschaft

Mailing Address 56 Gordonhurst Avenue

City State Zip Code  
Upper Montclair NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montclair State University 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 Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300894

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara E Morton

Mailing Address 5532 Wilkins Ave.

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301815

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary D. Thompson

Mailing Address 1435 Crestline Dr

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2302584

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1890 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy M. Welch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 534 Sheffield Drive		<b>Transaction ID:</b> 2301813
City State Zip Code Springfield OH 45506	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Shirley Klass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 226 S. Reese Street		<b>Transaction ID:</b> 2302581
City State Zip Code Memphis TN 38111	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret M. Ballard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 5300 Holmes Run Pky Ph 4		<b>Transaction ID:</b> 2301971
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation HDR Engineering Manager	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1891 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Ruth J. Stemler

Mailing Address 11675 W. 107 Avenue

City State Zip Code  
Westminster CO 80021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Share Our Streight 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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299708

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor Weinstock

Mailing Address 525 South Flagler Drive  
Apt. 12c

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2308360

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patsy Rogers

Mailing Address P.O. Box 616

City State Zip Code  
New Suffolk NY 11956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self composer, 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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301796

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1892 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Mary Louise Morrison

Mailing Address 525 Moraga Ave

City State Zip Code  
Piedmont CA 94611

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303293

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon E Taylor

Mailing Address 524 Park Avenue

City State Zip Code  
Lock Haven PA 17745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lock Haven University of PA Director of Athletics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299038

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. E. Jeanne Murphey

Mailing Address 522 S. Station Road

City State Zip Code  
Glen Carbon IL 62034

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299804

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1893 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 F. Schumann

Mailing Address P.O. Box 813

City State Zip Code  
Madison CT 06443

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300262

Amount of Each Receipt this Period  
500.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret C. Rawlins

Mailing Address 519 Liberty Cap Court

City State Zip Code  
Grand Jct CO 81503

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  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2308639

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elsie S. Sweeney

Mailing Address 21775 Woodland Crest Drive

City State Zip Code  
Woodland Hls CA 91364

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301891

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1894 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Kelso

Mailing Address 5142 Milburn Road

City State Zip Code  
Saint Louis MO 63129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CSC Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299800

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Merle B. Peratis

Mailing Address 2174 South Main Street

City State Zip Code  
Salt Lake City UT 84115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Ceramics, Inc. Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299170

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. H Jean Kraft

Mailing Address 508 Weir Road

City State Zip Code  
Aston PA 19014

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2307954

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1895 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Betty Becker

Mailing Address 101-A Cherry Street

City State Zip Code  
Black Mountain NC 28711

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303900

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Andrea M. Mazzone

Mailing Address 1423 W. Maple Avenue

City State Zip Code  
Kalamazoo MI 49008

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299772

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah M. Floyd

Mailing Address 502 Lexington Lane

City State Zip Code  
Richardson TX 75080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US FDA Entomologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303402

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1896 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helen M. Moshak		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 5010 Louise Street		<b>Transaction ID:</b> 2301869
City State Zip Code Skokie IL 60077	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Greta W. Crosby		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 2150 N. Meridian Avenue Apt. 1306		<b>Transaction ID:</b> 2301929
City State Zip Code Wichita KS 67203	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth Block		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 500 SE Mizner Blvd		<b>Transaction ID:</b> 2298960
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1897 / 2072
	<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. Estelle K. Meislich

Mailing Address 2150 Center Avenue  
Apt. 17B

City State Zip Code  
Fort Lee NJ 07024

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  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 2303408

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Amy M Schwartz

Mailing Address 5 Mirrielees Circle

City State Zip Code  
Great Neck NY 11021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired social worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300553

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan Steiner

Mailing Address 5 Brooklake Road

City State Zip Code  
Florham Park NJ 07932

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  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** 2301105

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1898 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Young Mailing Address 2109 Tawhee Dr. City State Zip Code Madison WI 53711 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 2301113 Amount of Each Receipt this Period 100.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation CUNA Mutual Group computer nerd Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Maria L. Crawford Mailing Address 3300 Darby Road # C404 City State Zip Code Haverford PA 19041 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2300124 Amount of Each Receipt this Period 100.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Bryn Mawr College Professor Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Edna Rosen Mailing Address 4801 Turnbridge Circle City State Zip Code Toledo OH 43623 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2300097 Amount of Each Receipt this Period 50.00 Kay Barnes Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation REQUESTED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1899 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Sallie t Gouverneur

Mailing Address 4a 10 bleecker street  
New York NY 10012

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation nonprofit admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
10 / 06 / 2007

Transaction ID: 2300171

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Lou Tudor

Mailing Address 210 E Suntree Street  
Tucson AZ 85737

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  
10 / 17 / 2007

Transaction ID: 2303058

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca S. Abel

Mailing Address 10 Stone Tower Lane  
Wilmington DE 19803

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  
10 / 17 / 2007

Transaction ID: 2303100

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1900 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Pauline M. Edwards-Delaney

Mailing Address 4718 Hallmark Drive, # 351

City State Zip Code  
Houston TX 77056

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300051

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Willard H. Elsbee

Mailing Address 209 Grosvenor Street

City State Zip Code  
Athens OH 45701

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300950

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
A. Eiseman

Mailing Address 140 Woodbrook Road

City State Zip Code  
White Plains NY 10605

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299187

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1901 / 2072
	<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. Bernice C. McNiel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 209 E. Washita Street		Transaction ID: 2307440	
City State Zip Code Springfield MO 65807	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Key Barnes 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. Kathryn J Whitmire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 46-192 Lilipuna Road		Transaction ID: 2302571	
City State Zip Code Kaneohe HI 96744	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation self-employed Consulting	[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. Kathleen Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 46 Village Way		Transaction ID: 2303122	
City State Zip Code Port Ludlow WA 98365	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Key Barnes Contributions		
Name of Employer Occupation One Beacon SR VP	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1902 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Maurice E. Becker</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 10501 Lagrima De Oro Rd NE Apt. 343		<b>Transaction ID: 2301920</b>
City State Zip Code Albuquerque NM 87111	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Georgiana Southwick</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 208 Windsor Drive		<b>Transaction ID: 2307063</b>
City State Zip Code Waukesha WI 53186	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation CNR Health Inc. Psychiatric Case Mgr	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Joan Dolan Biblo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 4561 Walnut Street		<b>Transaction ID: 2299173</b>
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Self Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1903 / 2072  
(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. Ruth Haspel

Mailing Address 14 Merrivale Road

City State Zip Code  
Great Neck NY 11021

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  
10 / 10 / 2007

**Transaction ID:** 2301915

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Maurer

Mailing Address 205 N3 Carpenter Road SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of WA 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  
10 / 17 / 2007

**Transaction ID:** 2303077

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. William L. Pesetski

Mailing Address 4406 88th Street

City State Zip Code  
Lubbock TX 79424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Property 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  
10 / 19 / 2007

**Transaction ID:** 2303267

Amount of Each Receipt this Period  
5.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1904 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Nancy G. Dickinson

Mailing Address 202 Wall Street

City State Zip Code  
Corning NY 14830

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Landscape Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307913

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Okrent

Mailing Address 439 Veteran Avenue

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Occupation  
Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299066

Amount of Each Receipt this Period  
25.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Peters

Mailing Address 11346 Lorien Court

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer MPM Manor, Inc. Occupation  
Author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301995

Amount of Each Receipt this Period  
500.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1905 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lynn Overgaard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 438 E. Bluff Drive		Transaction ID: 2302433
City State Zip Code Penn Yan NY 14527	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy Allison		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 137 E. 19th Street # 1		Transaction ID: 2301973
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Miss Marjorie D. Seward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 435 Martin Terrace		Transaction ID: 2300222
City State Zip Code State College PA 16803	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Key Barnes Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1906 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Jane R. Hammer

Mailing Address 10450 Lottsford Road  
Apt. 4107

City Mitchellville State MD Zip Code 20721

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300125

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael A Simpson

Mailing Address 10 Somerset Place

City Wilmington State MA Zip Code 01887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank of New York Mellon Accounting 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  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2307956

Amount of Each Receipt this Period  
1000.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene A. Hildreth

Mailing Address 2000 Cambridge Avenue  
Apt. 129

City Wyomissing State PA Zip Code 19610

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298939

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1907 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Jack R. Estes

Mailing Address 1367 E Lindo Ave # 1A

City State Zip Code  
Chico CA 95926

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303915

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298827

Amount of Each Receipt this Period  
15.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie Skrapits

Mailing Address 431 North Ott Street

City State Zip Code  
Allentown PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300072

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1908 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 San Anselmo State CA Zip Code 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 Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302017

Amount of Each Receipt this Period  
250.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth N Shapiro

Mailing Address 20 Sutton Place South

City New York State NY Zip Code 10022

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299826

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara K. Andreas

Mailing Address 1366 Mockingbird Drive

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer Community College Occupation 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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300258

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1909 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Feldstein

Mailing Address 425 Wembley Circle

City Atlanta State GA Zip Code 30328

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301982

Amount of Each Receipt this Period  
25.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. William L. Campbell

Mailing Address 425 Ridgeway Street

City Saint Joseph State MI Zip Code 49085

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300573

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ferdinand Schlapper, Sr.

Mailing Address 20 Quail Ridge Dr

City Madison State WI Zip Code 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299811

Amount of Each Receipt this Period  
100.00

Key Barnes Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1910 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Gregory

Mailing Address 4233 County Road 4006

City State Zip Code  
Tebbetts MO 65080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of Missouri Personnel 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299715

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn Sellman

Mailing Address 2 Yearling Way

City State Zip Code  
Luthvle Timon MD 21093

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2307950

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ilse Melamid

Mailing Address 1 Lincoln Plz Apt 16E

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307105

Amount of Each Receipt this Period  
250.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1911 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Constance C. Moore		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 419 South Camac Street		<b>Transaction ID:</b> 2302456
City Philadelphia	State PA	Zip Code 19147
Amount of Each Receipt this Period 100.00		Key Barnes Contributions
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b> 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) <b>B.</b> Mr. Philip Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 1127 James Blvd		<b>Transaction ID:</b> 2302439
City Signal Mtn	State TN	Zip Code 37377
Amount of Each Receipt this Period 50.00		Key Barnes Contributions
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b> 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) <b>C.</b> Mrs. Verne VanBeynum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 419 Eagleton Cove Way		<b>Transaction ID:</b> 2307053
City West Palm Beach	State FL	Zip Code 33418
Amount of Each Receipt this Period 25.00		Key Barnes Contributions
FEC ID number of contributing federal political committee. <b>C</b>		<b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1912 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Tomas M Torres

Mailing Address 13510 White Oak Landing

City State Zip Code  
Houston TX 77065

FEC ID number of contributing federal political committee. **C**

Name of Employer Corporate Staffing Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299163

Amount of Each Receipt this Period  
100.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susanne E. Fountain

Mailing Address 1997 Shiloh St.

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307933

Amount of Each Receipt this Period  
50.00

Kay Barnes 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 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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303893

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1913 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Lewis

Mailing Address PO Box 675

City State Zip Code  
South Beach OR 97366

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307909

Amount of Each Receipt this Period  
50.00

Kay Barnes Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla M. Leith

Mailing Address 162 Islington Road

City State Zip Code  
Newton MA 02466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Accountant & Tax Preparer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307445

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lorraine Arnold

Mailing Address 7760 S. Windermere Street

City State Zip Code  
Littleton CO 80120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fischbach, LLC Vice President/Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307919

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1914 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Phyllis H. Pennell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 307 Spencer Dr		<b>Transaction ID:</b> 2299167
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Homemaker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Susan Katz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 6230 Wilshire Blvd. #2080		<b>Transaction ID:</b> 2300160
City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Self Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Jane R. Olsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
Mailing Address 5132 Saint Davids Drive		<b>Transaction ID:</b> 2303904
City State Zip Code Vero Beach FL 32967	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1915 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathryn J Whitmire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 46-192 Lilipuna Road		<b>Transaction ID:</b> 2302573
City Kaneohe	State HI	Zip Code 96744
Amount of Each Receipt this Period 250.00		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self-employed	Occupation Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ellen R Malcolm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1120 Connecticut Ave. NW 1100		<b>Transaction ID:</b> 2300504
City Washington	State DC	Zip Code 20036
Amount of Each Receipt this Period 1000.00		Mary Jo Kilroy Contributions  <b>[MEMO ITEM]</b> MEMO
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EMILY's List	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Hope Syverson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 19360 Magnolia Grove Sq Unit 215		<b>Transaction ID:</b> 2300104
City Leesburg	State VA	Zip Code 20176
Amount of Each Receipt this Period 100.00		Melissa Bean Contributions  <b>[MEMO ITEM]</b> MEMO
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1916 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joan Parker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 406 N. Clinton Street		<b>Transaction ID:</b> 2301927
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Roslyne D. Stern		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 7
Mailing Address 1930 Broadway #25C		<b>Transaction ID:</b> 2303264
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karen A. Summers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 401 Hillcrest Way		<b>Transaction ID:</b> 2300025
City State Zip Code Bellingham WA 98225	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation REQUESTED Ordained Minister	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1917 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Bright N. Springman

Mailing Address 4001 Pinehurst Court

City State Zip Code  
Riverton WY 82501

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299798

Amount of Each Receipt this Period  
40.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel H. vanLeeuwen

Mailing Address 131 Grandview Drive

City State Zip Code  
Cobleskill NY 12043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Peters Hospital Manager, IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303225

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Belle Miller McMaster

Mailing Address 4 Downshire Lane

City State Zip Code  
Atlanta GA 30033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emory University 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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307060

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1918 / 2072
	<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. Connie D. Lybarger

Mailing Address 188 Bridgeport Way

City State Zip Code  
Delaware OH 43015

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300874

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elinor Finkelstein

Mailing Address 1307 Stotesbury Avenue

City State Zip Code  
Wyndmoor PA 19038

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299780

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Faye Gelhard

Mailing Address 1307 Edgewood Drive

City State Zip Code  
East Earl PA 17519

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303082

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1919 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 C. Bernhardt

Mailing Address 385 Chunns Cove Road

City State Zip Code  
Asheville NC 28805

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299200

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis E Googasian

Mailing Address 3750 Orion Road

City State Zip Code  
Oakland MI 48363

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303108

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Margaret L. Weber-Levine

Mailing Address 373 Sargent Drive SE

City State Zip Code  
Atlanta GA 30315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Morehouse 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 Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303902

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1920 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)  
Mr. Ken 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 Commonwealth of Massachusetts  
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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303281

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda White

Mailing Address 1120 E. Balboa Boulevard

City State Zip Code  
Balboa CA 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Self  
Occupation Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303419

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Hart Hinkson

Mailing Address 100 Thorndale Drive, Apt. 262

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302021

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1921 / 2072  
(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. Patricia Pardee

Mailing Address 362 North Jefferson Street

City State Zip Code  
Batavia IL 60510

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300953

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Louise Britt Carvey

Mailing Address 3601 Overton Park Drive East

City State Zip Code  
Fort Worth TX 76109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303892

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara J Taylor

Mailing Address 130 Westgate Circle

City State Zip Code  
Santa Rosa CA 95401

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  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303239

Amount of Each Receipt this Period  
100.00

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 1922 / 2072
	<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. Carol A. Kinney

Mailing Address 1034 Pennsbury Blvd

City State Zip Code  
Pittsburgh PA 15205

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  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 2300261

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lyndsay Downs

Mailing Address 3562 NW 68th Street

City State Zip Code  
Seattle WA 98117

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299184

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Leonor E. McAlpine

Mailing Address 130 West Parkhurst

City State Zip Code  
Detroit MI 48203

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298935

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1923 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Mike Goc		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 1766 Dixie Avenue		<b>Transaction ID:</b> 2302408	
City State Zip Code Friendship WI 53934	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Adams Friendship Area School Occupation Administrator	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Wendy W. Benchley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 35 Boudinot Street		<b>Transaction ID:</b> 2307437	
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Princeton Borough Common Council Occupation Princeton Borough Councilwoman	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Alan Chambers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3499 Windisch Avenue		<b>Transaction ID:</b> 2298971	
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1924 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Chanin H. Bradshaw

Mailing Address 17300 Ballinger Street

City Northridge State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Actress, Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300206

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Craig

Mailing Address 1715 Catherine Court

City Spanish Lake State MO Zip Code 63138

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301969

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary H. D. Swift

Mailing Address 33195 Millville Road

City Upperville State VA Zip Code 20184

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301979

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1925 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Campbell

Mailing Address PO Box 336

City State Zip Code  
Union Mills NC 28167

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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2307073

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Chase

Mailing Address PO Box 311

City State Zip Code  
Andover NH 03216

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  
1 0 / 3 0 / 2 0 0 7

**Transaction ID:** 2307970

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Henry Dasenbrock

Mailing Address 3300 Darby Road, Apt. 4105

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299727

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1926 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert F. Schumann Mailing Address P.O. Box 813 City State Zip Code Madison CT 06443 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300265 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7	500.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	5		2	0	0	7															
500.00																								
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="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Arthur Lazarus, Jr. Mailing Address 3201 Fessenden Street, N.W. City State Zip Code Washington DC 20008 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2308653 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">100.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7	100.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		3	0		2	0	0	7															
100.00																								
Name of Employer Occupation Sonosky, Chambers Attorney 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="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Floride B. Kidder Mailing Address 12616 W. Crescent Drive City State Zip Code Dunlap IL 61525 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300281 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7	250.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	5		2	0	0	7															
250.00																								
Name of Employer Occupation Kidder Music Owner 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="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1927 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Rilla Whitten

Mailing Address P.O. Box 651

City State Zip Code  
Ocean City MD 21843

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298973**

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patsy Rogers

Mailing Address P.O. Box 616

City State Zip Code  
New Suffolk NY 11956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self composer, 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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301795**

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Annette Stumpf

Mailing Address 319 Elmwood Drive

City State Zip Code  
Champaign IL 61821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USA Research 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  
1 0 / 2 3 / 2 0 0 7

**Transaction ID: 2307041**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1928 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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)  
Hon. Dawn Clark Netsch

Mailing Address 1700 North Hudson Avenue

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwestern University Professor of Law Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307929

Amount of Each Receipt this Period  
500.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret A. Behrle

Mailing Address P.O. Box 437

City State Zip Code  
Granham NH 03753

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300955

Amount of Each Receipt this Period  
200.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Wilfong

Mailing Address 314 Partridge Road

City State Zip Code  
E Dummerston VT 05346

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299082

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1929 / 2072
	<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)  
Phyllis Freeland Broyles

Mailing Address P.O. 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  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300887

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie Thomson

Mailing Address 3135 NW Circle A Drive

City State Zip Code  
Portland OR 97229

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300071

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy F. Knecht

Mailing Address 17 Bret Harte Terrace

City State Zip Code  
San Francisco CA 94133

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300119

Amount of Each Receipt this Period  
500.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1930 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Deanna Anthoney

Mailing Address 3113 Pacific Avenue

City State Zip Code  
Manhattan Beach CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307038

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Rev. Shana A Lynngood

Mailing Address 311 Rock Creek Church Rd. NW

City State Zip Code  
Washington DC 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer All Souls Church, Unitarian Occupation Minister

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 2303463

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie C. Monson

Mailing Address P.O. Box 1029

City State Zip Code  
Point Reyes Sta. CA 94956

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300237

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1931 / 2072
	<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. Marilyn M Heilman

Mailing Address 1020 Miller Ave

City State Zip Code  
Berkeley CA 94708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MIG,INC part time emp 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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299515**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy M. Iverson

Mailing Address 961 Adare Drive

City State Zip Code  
Wheaton IL 60187

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299180**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann S. Margucci

Mailing Address 16845 Gresham Street

City State Zip Code  
Northridge CA 91343

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  
1 0 / 2 9 / 2 0 0 7

**Transaction ID: 2308354**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1932 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Y. Goldberg

Mailing Address 1241 Gulf of Mexico Drive  
#407

City State Zip Code  
Longboat Key FL 34228

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300014

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Deborah L. Gray

Mailing Address 915 Arbor Avenue

City State Zip Code  
Wheaton IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Wheaton Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303109

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Arlene Skolnick

Mailing Address 3023 Wickland Road

City State Zip Code  
Louisville KY 40205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298893

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1933 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Leslie Andrews

Mailing Address 905 3rd Street

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299207

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lise Menn

Mailing Address 1625 Mariposa Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CO 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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302421

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gail Silverman

Mailing Address 9 Island Avenue, Apt. 1814

City State Zip Code  
Miami Beach FL 33139

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300537

Amount of Each Receipt this Period  
250.00

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 1934 / 2072
	<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. Sarah J. Deutsch

Mailing Address 3018 Glenwood Dr

City State Zip Code  
Durham NC 27705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. of Arizona History 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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303104

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Buhl

Mailing Address 892 Fearrington Post

City State Zip Code  
Pittsboro NC 27312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self foundation consultaant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299741

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Effie Ambler

Mailing Address 883 Lakepointe

City State Zip Code  
Grosse Pointe Park MI 48230

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299792

Amount of Each Receipt this Period  
100.00

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 1935 / 2072
	<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. Beverlee Mitchell

Mailing Address 3012 West Hollywood Avenue

City State Zip Code  
Chicago IL 60659

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302008

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Deborah Meitin

Mailing Address 877 Victoria Terrace

City State Zip Code  
Altamonte Spring FL 32701

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299718

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Thelma M. Taylor

Mailing Address 3018 Riverview Road

City State Zip Code  
Lawrence KS 66049

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299703

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1936 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Catherine Manz Smith

Mailing Address 85316 Coyote Creek Road

City Veneta State OR Zip Code 97487

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303076

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard W. Lyman

Mailing Address 850 Webster Street Apt. 728

City Palo Alto State CA Zip Code 94301

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300948

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Valerie Rowe

Mailing Address 300 Central Park West 29G

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Fordham University Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301811

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1937 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Mary E. McGuire

Mailing Address 840 Kings Highway

City State Zip Code  
Shreveport LA 71104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

**Transaction ID: 2299818**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betsy Weaver

Mailing Address 3 Storey Place

City State Zip Code  
Jamaica Plain MA 02130

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299221**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Gleich

Mailing Address 8116 Pine Circle

City State Zip Code  
Tamarac FL 33321

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID: 2301807**

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1938 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Dorsey

Mailing Address 811 E. Central Road  
Apt. 411

City State Zip Code  
Arlington Heights IL 60005

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299709

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean E. Maack

Mailing Address 2983 Siskiyou Boulevard

City State Zip Code  
Medford OR 97504

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307449

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Velz

Mailing Address 809 W. 32nd Street

City State Zip Code  
Austin TX 78705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Texas Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299759

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1939 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Alison L. Steadman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2960 Newark Street, N.W.		Transaction ID: 2303117
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marla D Jensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1615 Bittern Ct.		Transaction ID: 2300556
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret Platt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 807 N. Howard Apt. 314		Transaction ID: 2301097
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1940 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 E. Williamson

Mailing Address 1611 Kriste Ct.

City State Zip Code  
St. Louis MO 63131

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300906

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tatiana J. Lowe

Mailing Address 100 Clinton Road

City State Zip Code  
Bedford Hills NY 10507

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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302452

Amount of Each Receipt this Period  
500.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyn Spiegel

Mailing Address 80 Lyme Rd Apt 363

City State Zip Code  
Hanover NH 03755

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  
1 0 / 1 7 / 2 0 0 7

**Transaction ID:** 2303098

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1941 / 2072
	<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. Mary H. Samuels, M.D.

Mailing Address 775 Park Avenue

City State Zip Code  
New York NY 10065

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300019

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Laura T. Iraci

Mailing Address 161 Ada Avenue

City State Zip Code  
Mountain View CA 94043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NASA Chemist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299746

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Madeline H. Mixer

Mailing Address 76 Bonnie Lane

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300254

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1942 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Linda J Harlan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 7465 S. South Shore Drive Apt. 408		<b>Transaction ID:</b> 2307104	
City Chicago	State IL	Zip Code 60649	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Melissa Bean 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		
		<b>[MEMO ITEM]</b> MEMO	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Barbara J. French		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 741 S Cass Street PO Box 133		<b>Transaction ID:</b> 2302414	
City Virginia	State IL	Zip Code 62691	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Melissa Bean 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		
		<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sara Fink		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1215 Shady Oaks Drive		<b>Transaction ID:</b> 2300267	
City Ann Arbor	State MI	Zip Code 48103	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>		Melissa Bean Contributions	
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		
		<b>[MEMO ITEM]</b> MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1943 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Robbin Frazier

Mailing Address 7345 France Avenue N.

City State Zip Code  
Minneapolis MN 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Onvog Inc. 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 Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299782

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jill P. Sengel

Mailing Address 2748 Fort Myer Avenue

City State Zip Code  
Henderson NV 89052

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 Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307096

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie W. Witting

Mailing Address 7116 Fort Hunt Rd Apt 387

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 Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300231

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1944 / 2072  
(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)  
Mr. Alfred S. Margol

Mailing Address 711 W White Oak St

City State Zip Code  
Arlington Hts IL 60005

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303064

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nora A 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  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 2308378

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia D. Strang

Mailing Address 2669 Traditions Loop

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  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2302020

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1945 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth Lonoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 7000 Polins Court		<b>Transaction ID:</b> 2300566	
City State Zip Code Alexandria VA 22306	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation US gov't. Program Analyst	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Rubin, Ph.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 7 Lexington Avenue		<b>Transaction ID:</b> 2300040	
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret C. Coltrera		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 69 Willow Street		<b>Transaction ID:</b> 2300893	
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 1946 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 E. Lerza

Mailing Address 2600 Overland Avenue #101

City State Zip Code  
Los Angeles CA 90064

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299730

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Olivia Eielson

Mailing Address 6817 Colton Boulevard

City State Zip Code  
Oakland CA 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's College Academic Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 2303087

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julia D. Harper

Mailing Address 156 Cedar Ave.

City State Zip Code  
Arlington MA 02476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sun Microsystems 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298887

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1947 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Laura W. Smith

Mailing Address 2575 Peachtree Road # 18E

City Atlanta State GA Zip Code 30305

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 10 / 09 / 2007

Transaction ID: 2300924

Amount of Each Receipt this Period 50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Phillips

Mailing Address 6625 N. Saint Louise Avenue

City Lincolnwood State IL Zip Code 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern University Occupation Faculty Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 09 / 2007

Transaction ID: 2300933

Amount of Each Receipt this Period 50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Storey

Mailing Address 65 Nassahegan Dr

City Burlington State CT Zip Code 06013

FEC ID number of contributing federal political committee. **C**

Name of Employer U of CT Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 18 / 2007

Transaction ID: 2303222

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 1948 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Glenna L. Tinney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 6487 Waterfield Rd		<b>Transaction ID:</b> 2300101	
City State Zip Code Alexandria VA 22315	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation Navy Social Worker	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Penelope A. Borden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7	
Mailing Address 1018 Monte Drive		<b>Transaction ID:</b> 2303060	
City State Zip Code Santa Barbara CA 93110	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation self-employed Historian	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Levy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 642 Heritage Hls # B		<b>Transaction ID:</b> 2301792	
City State Zip Code Somers NY 10589	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	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1949 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Marianna G. Paulson

Mailing Address 152 W. Dundee Road

City State Zip Code  
Dillon CO 80435

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299833

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Curriden

Mailing Address 640 Sapphire Avenue

City State Zip Code  
Billings MT 59105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USDA Forest Service Civil Servant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300256

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lillian Fencl

Mailing Address 2492 Lakeshore Drive

City State Zip Code  
Fennville MI 49408

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301822

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: PAGE 1950 / 2072  
(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. Robert Kolodny

Mailing Address 64 W 89 Street

City State Zip Code  
New York NY 10024

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) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

**Transaction ID:** 2301882

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. LaRonda Bowen

Mailing Address 64 N Mar Vista Ave Apt 206

City State Zip Code  
Pasadena CA 91106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B & A Communications

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 2307066

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dixie Welch

Mailing Address 634 Moss Creek Court

City State Zip Code  
Bloomington IN 47401

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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302427

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 1951 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Margaret Buckwalter

Mailing Address 249 Maple Drive

City State Zip Code  
Shippenville PA 16254

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  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303413

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy F Solomon

Mailing Address 151 Central Park West

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer at home Occupation  
volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303227

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300156

Amount of Each Receipt this Period  
10.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1952 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jean M. Andrews		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 15081 Ford Road Pt. 319		<b>Transaction ID:</b> 2303114
City State Zip Code Dearborn MI 48126	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Catherine A Stouch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 2442 Brookside Lane		<b>Transaction ID:</b> 2298858
City State Zip Code York PA 17402	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Penn State University teacher	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Phyllis Chambers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2419 Fox Meadow Cir		<b>Transaction ID:</b> 2300190
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1953 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Rosanio

Mailing Address 12 Hidden Acres Drive

City State Zip Code  
Voorhees NJ 08043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Star Group Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300590

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elisabeth B. Muhlenberg

Mailing Address 615 S. Kenilworth Avenue

City State Zip Code  
Oak Park IL 60304

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  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 2307926

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Erica T. Goode

Mailing Address 615 Cypress Point Road

City State Zip Code  
Richmond CA 94801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CPMC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

**Transaction ID:** 2308373

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1954 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 R. Gannon

Mailing Address 6111 Parterre Dr.

City State Zip Code  
Baton Rouge LA 70817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LA Supreme Court 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  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** 2302013

Amount of Each Receipt this Period  
15.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Luce

Mailing Address 61 Charlou Cir

City State Zip Code  
Englewood CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301907

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joyce I. Ross

Mailing Address 2373 Ravenswoos Court

City State Zip Code  
Charlottesville VA 22911

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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299724

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1955 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Juliet Wurr

Mailing Address 6070 Beirut Place

City State Zip Code  
Dulles VA 20189

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Information Agency Occupation Foreign Svc. Off.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303396

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Hedden

Mailing Address 605 Harrington Avenue

City State Zip Code  
Los Altos CA 94024

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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300192

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Munroe

Mailing Address 2355 E. Miraval Segundo

City State Zip Code  
Tucson AZ 85718

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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299738

Amount of Each Receipt this Period  
500.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1956 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Martha Brandriff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 601 W Holly Avenue, Apt. 63		<b>Transaction ID:</b> 2298949
City State Zip Code Pitman NJ 08071	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Nancy England		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 593 Knox Road 1300 E.		<b>Transaction ID:</b> 2302426
City State Zip Code Maquon IL 61458	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Leslie Oelsner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 1451 N. Canterbury Road		<b>Transaction ID:</b> 2300579
City State Zip Code Fayetteville AR 72701	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions	
Name of Employer Occupation Self Social Worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1957 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Jablonski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 5750 S. Kenwood Avenue		<b>Transaction ID:</b> 2303423	
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation University of Chicago Professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Francine Kim		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 1444 N Orleans St Apt 6K		<b>Transaction ID:</b> 2307082	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation UT Medical Group Physician	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Paula Susemichel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5703 Broadway Street		<b>Transaction ID:</b> 2307965	
City State Zip Code Indianapolis IN 46220	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Melissa Bean Contributions		
Name of Employer Occupation DPS, Inc. Senior Consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1958 / 2072
	<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. Robert Blake, Jr.

Mailing Address 2322 Meadow Lark Ln.

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of MO 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  
1 0 / 0 3 / 2 0 0 7

**Transaction ID:** 2299785

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patricia Kenschaft

Mailing Address 56 Gordonhurst Avenue

City State Zip Code  
Upper Montclair NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montclair State University 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 Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300898

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol Murray

Mailing Address 2319 N. Brighton Place

City State Zip Code  
Arlington Hts. IL 60004

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  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 2302432

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1959 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth Searles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7	
Mailing Address 106 Kendal Dr		Transaction ID: 2307434	
City Oberlin	State OH	Amount of Each Receipt this Period 100.00	
Zip Code 44074		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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) <b>B.</b> Mr. Byron G. Bray, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 56 Alma Street		Transaction ID: 2300888	
City San Francisco	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 94117		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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) <b>C.</b> Ms. Arlene H Hardy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 2314 N Lakewood Ave		Transaction ID: 2299058	
City Chicago	State IL	Amount of Each Receipt this Period 100.00	
Zip Code 60614		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1960 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sallie t Gouverneur		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7
Mailing Address 4a 10 bleecker street New York NY 10012		Transaction ID: 2300174 Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Melissa Bean Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer self	Occupation nonprofit admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Patricia Hall Wheeler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 2306 E. Wimbleton Lane Bloomington IN 47401		Transaction ID: 2299030 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Melissa Bean Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Indiana Univ.--Bloomington	Occupation University Registrar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Lucy B Stroock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 55 Frost St. Cambridge MA 02140		Transaction ID: 2298897 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Melissa Bean Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer City of Cambridge	Occupation retired teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1961 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 D. Thompson

Mailing Address 1435 Crestline Dr

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  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2302585**

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie G. Lowenberg

Mailing Address 5321 Drane Drive

City State Zip Code  
Dallas TX 75209

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID: 2300934**

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ellen Werback

Mailing Address 529 Kevin Court

City State Zip Code  
Ridgecrest CA 93555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Piano Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

**Transaction ID: 2303063**

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1962 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tina Kroot-Jeffkroot		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 222 Crescent Road		Transaction ID: 2299172	
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Self Occupation Architect	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eleanor Weinstock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 525 South Flagler Drive Apt. 12c		Transaction ID: 2308365	
City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Housewife	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Belle K. Bernatowicz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1434 Punahou Street Apt. 401		Transaction ID: 2299770	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 1963 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Firestone

Mailing Address 52 Salem Lane

City State Zip Code  
Evanston IL 60203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Cradle Adoption Agency Volunteer Coordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299197

Amount of Each Receipt this Period  
35.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joy Silver

Mailing Address 1059 W Skylark Drive

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Drs. Bedingfield and Rosen Pediatrician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2307443

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elsie S. Sweeney

Mailing Address 21775 Woodland Crest Drive

City State Zip Code  
Woodland Hills CA 91364

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301894

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1964 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Rowena G. Compton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 143 Fenway Rd		Transaction ID: 2308355	
City Columbus	State OH	Amount of Each Receipt this Period 100.00	
Zip Code 43214		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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) Mrs. Audrey T Warren		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 511 Estates Drive		Transaction ID: 2298899	
City Sacramento	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 95864		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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) ▼			

C. Full Name (Last, First, Middle Initial) Ms. Andrea M. Mazzone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1423 W. Maple Avenue		Transaction ID: 2299775	
City Kalamazoo	State MI	Amount of Each Receipt this Period 50.00	
Zip Code 49008		Melissa Bean Contributions	
FEC ID number of contributing federal political committee. C		[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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1965 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Barbara S. Stowe

Mailing Address 11507 Woodstock Way

City Reston State VA Zip Code 20194

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308648

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa A. Mink

Mailing Address 2168 16th Street

City Rice Lake State WI Zip Code 54868

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300233

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 Occupation NHA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298886

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1966 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Helen M. Moshak

Mailing Address 5010 Louise Street

City State Zip Code  
Skokie IL 60077

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301870

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margery Fridstein

Mailing Address PO 5926

City State Zip Code  
Snowmass Village CO 81615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299033

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Block

Mailing Address 500 SE Mizner Blvd

City State Zip Code  
Boca Raton FL 33432

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298964

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1967 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Estelle K. Meislich		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 2150 Center Avenue Apt. 17B		<b>Transaction ID:</b> 2303411	
City State Zip Code Fort Lee NJ 07024	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ann Becker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1416 East 56 St		<b>Transaction ID:</b> 2300056	
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Ann Becker & Asso. Consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dauna W. Binder		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 50 Mabel St		<b>Transaction ID:</b> 2301899	
City State Zip Code Portland ME 04103	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Portland Public Schools Educator	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1968 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Alden T. Vaughan

Mailing Address 50 Howland Terrace

City Worcester State MA Zip Code 01602

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2302073

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Regal

Mailing Address 2129 Sussex

City Duluth State MN Zip Code 55803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 2307917

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Mason

Mailing Address 1415 Broadway N. Apt. 202

City Fargo State ND Zip Code 58102

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  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 2303236

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1969 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Fogel

Mailing Address 4881 Cobbler Court

City Pleasanton State CA Zip Code 94566

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301904

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis B. Wender

Mailing Address 115 E 67th Street #6C

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298926

Amount of Each Receipt this Period  
200.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Edna Rosen

Mailing Address 4801 Turnbridge Circle

City Toledo State OH Zip Code 43623

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300098

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1970 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Pauline M. Edwards-Delaney

Mailing Address 4718 Hallmark Drive, # 351

City State Zip Code  
Houston TX 77056

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300054

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anne M. Lindstrom

Mailing Address 209 Idlewyld Dr.

City State Zip Code  
Louisville KY 40206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Sound Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302448

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. George B Field

Mailing Address 47 Garden St.

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298891

Amount of Each Receipt this Period  
100.00

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 1971 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Reva Biers

Mailing Address 4631 Ellenita Ave

City Tarzana State CA Zip Code 91356

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2300109

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Maurice E. Becker

Mailing Address 10501 Lagrima De Oro Rd NE Apt. 343

City Albuquerque State NM Zip Code 87111

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  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301921

Amount of Each Receipt this Period  
40.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucy Wilson Benson

Mailing Address 46 Sunset Ave

City Amherst State MA Zip Code 01002

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298913

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1972 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Georgiana Southwick

Mailing Address 208 Windsor Drive

City State Zip Code  
Waukesha WI 53186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CNR Health Inc. Psychiatric Case Mgr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 2307064

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth J. Rave

Mailing Address 4599 W. 36th Place, Unit 7

City State Zip Code  
Denver CO 80212

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298924

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gail Johnson

Mailing Address 4474 Greenbriar Blvd

City State Zip Code  
Boulder CO 80305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HADDON, MORGAN, MUELLER, JORDAN, MACKE Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299835

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1973 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. William L. Pesetski

Mailing Address 4406 88th Street

City Lubbock State TX Zip Code 79424

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Property Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: 2303268

Amount of Each Receipt this Period  
5.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Peters

Mailing Address 11346 Lorien Court

City Frederick State MD Zip Code 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer MPM Manor, Inc. Occupation Author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301996

Amount of Each Receipt this Period  
500.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Okrent

Mailing Address 439 Veteran Avenue

City Los Angeles State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Occupation Professor Emeritus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299067

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1974 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Betty L. Patterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 4358 Dell Rd Apt B		<b>Transaction ID:</b> 2299231	
City State Zip Code Lansing MI 48911	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Miss Marjorie D. Seward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 435 Martin Terrace		<b>Transaction ID:</b> 2300226	
City State Zip Code State College PA 16803	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jack R. Estes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1367 E Lindo Ave # 1A		<b>Transaction ID:</b> 2303914	
City State Zip Code Chico CA 95926	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Melissa Bean Contributions		
Name of Employer Occupation Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1975 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Gallivan

Mailing Address 4339 Squire Heath Road

City State Zip Code  
Portage MI 49024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Gallivan Inc. Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

**Transaction ID:** 2301925

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eugene A. Hildreth

Mailing Address 2000 Cambridge Avenue  
Apt. 129

City State Zip Code  
Wyomissing PA 19610

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298941

Amount of Each Receipt this Period  
250.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marie E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298828

Amount of Each Receipt this Period  
15.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1976 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 N Shapiro

Mailing Address 20 Sutton Place South

City State Zip Code  
New York NY 10022

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  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2299827

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret M. Phelps

Mailing Address 428 Illinois Street

City State Zip Code  
Park Forest IL 60466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tax Resolutions Serv. Inc. Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** 2303890

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Feldstein

Mailing Address 425 Wembley Circle

City State Zip Code  
Atlanta GA 30328

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  
1 0 / 1 2 / 2 0 0 7

**Transaction ID:** 2301981

Amount of Each Receipt this Period  
25.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1977 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ferdinand Schlapper, Sr. Mailing Address 20 Quail Ridge Dr City Madison State WI Zip Code 53717 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299812 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">100.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7	100.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	3		2	0	0	7															
100.00																								
Name of Employer Neighborcare Pharmacy Occupation Pharmacist 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="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn Sellman Mailing Address 2 Yearling Way City Luthvle Timon State MD Zip Code 21093 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2307951 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">100.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7	100.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		2	9		2	0	0	7															
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 colspan="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mervin Rosenbaum Mailing Address 423 Willow Lane City Baytown State TX Zip Code 77520 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299181 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">50.00</td> </tr> </table> Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7	50.00	
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		0	2		2	0	0	7															
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="2">0.00</td> </tr> </table>		0.00																						
0.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1978 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Marian L. Gade

Mailing Address 136 Highland Blvd.

City Kensington State CA Zip Code 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300248

Amount of Each Receipt this Period  
35.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Wright

Mailing Address 1127 James Blvd

City Signal Mtn State TN Zip Code 37377

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 2302444

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tomas M Torres

Mailing Address 13510 White Oak Landing

City Houston State TX Zip Code 77065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Corporate Staffing CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299162

Amount of Each Receipt this Period  
100.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1979 / 2072
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Eileen S. Tsai Mailing Address 2 Falling Leaf City State Zip Code Irvine CA 92612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 2303290 Amount of Each Receipt this Period 25.00 Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Ceridian tax technician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Verne VanBeynum Mailing Address 419 Eagleton Cove Way City State Zip Code West Palm Beach FL 33418 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> 2307056 Amount of Each Receipt this Period 25.00 Melissa Bean Contributions <b>[MEMO ITEM]</b> 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sarah B. Paulson Mailing Address 416 N. Linn Street City State Zip Code Iowa City IA 52245 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> 2308358 Amount of Each Receipt this Period 20.00 Melissa Bean Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation REQUESTED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1980 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Ramona Chipman

Mailing Address 1341 Denlyn Street

City State Zip Code  
Novato CA 94947

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2300079

Amount of Each Receipt this Period  
50.00

Melissa Bean Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Virginia S Woods

Mailing Address 198 Walhalla Rd

City State Zip Code  
Columbus OH 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301888

Amount of Each Receipt this Period  
10.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Brenda B. Paul

Mailing Address 4120 94 Ave SE

City State Zip Code  
Mercer Island WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercer Island School district substitute teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301659

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1981 / 2072
	<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. Mary B Ballard

Mailing Address 411 Louella Ave

City State Zip Code  
Wayne PA 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300535

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul F Hogan

Mailing Address 41 Windsor Road

City State Zip Code  
Milton MA 02186

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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301666

Amount of Each Receipt this Period  
500.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. James A. Clever

Mailing Address 41 Glen Drive

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Retired 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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298825

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1982 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Simpson

Mailing Address 1325 Spring Avenue

City Wynantskill State NY Zip Code 12198

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation database 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298873

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca L Lewis

Mailing Address 4035 Easton Lane

City Burlington State KY Zip Code 41005

FEC ID number of contributing federal political committee. **C**

Name of Employer Airway Pet Resort Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301673

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Heather L Colburn

Mailing Address 1320 Rutledge St

City Madison State WI Zip Code 53703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Political 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298853

Amount of Each Receipt this Period  
35.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1983 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Susan B. Magee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 4000 Cathedral Avenue NW Apartment 604B		<b>Transaction ID:</b> 2300528
City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Self Occupation Writer	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Jill S Roseen-Czaplicki		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address 18939 NE 20th Ct		<b>Transaction ID:</b> 2299832
City Redmond State WA Zip Code 98052	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Murphy & Associates, Occupation Sr. Systems Analyst	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joan Sapon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 13104 Chitalpa Place NE		<b>Transaction ID:</b> 2301664
City Albuquerque State NM Zip Code 87111	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1984 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lorene S Sarne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 4 Monroe Street		<b>Transaction ID:</b> 2301622	
City State Zip Code Rockville MD 20850		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation GAO Training Manager		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan A. Thomas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1871 Camino a Los Cerros		<b>Transaction ID:</b> 2300614	
City State Zip Code Menlo Park CA 94025		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Self Marketing Consultant		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joan P Cudhea		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 1860 Oliver Ave		<b>Transaction ID:</b> 2298817	
City State Zip Code San Diego CA 92109		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1985 / 2072
	<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. James L Wingard

Mailing Address 1851 N Hawthorne Dr

City State Zip Code  
Tacoma WA 98406

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID: 2299072**

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sheira Greenwald

Mailing Address 39 West Lake Boulevard

City State Zip Code  
Morristown NJ 07960

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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID: 2301614**

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joel Myerson

Mailing Address 39 N. Newstead Ave.

City State Zip Code  
Saint Louis MO 63108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washington University Research 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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID: 2301637**

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1986 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Kristine M Gebbie

Mailing Address 1825 Riverside Drive # 6B

City State Zip Code  
New York NY 10034

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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

Transaction ID: 2298846

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gail Donner

Mailing Address 1820 Cardinal Lake Drive

City State Zip Code  
Cherry Hill NJ 08003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Congregation M'kor Shalom Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2007

Transaction ID: 2301636

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce A Izzi

Mailing Address 1817 Imperial Dr

City State Zip Code  
Highland MI 48356

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  
10 / 03 / 2007

Transaction ID: 2299520

Amount of Each Receipt this Period  
10.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1987 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Margaret S McKenna

Mailing Address 384 Caterina Hts.

City State Zip Code  
Concord MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harvard University 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300600

Amount of Each Receipt this Period  
30.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Connie J Hershey

Mailing Address 381 Garfield Road

City State Zip Code  
Concord MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self poet, artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299044

Amount of Each Receipt this Period  
2000.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn S Levin

Mailing Address 180 E. Pearson St.  
5107

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none none

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301619

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1988 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Lee A Zahnow

Mailing Address 3732 Windom Place NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer World Wildlife Fund Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299064

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Diana Bartelt

Mailing Address 37-16 191 Street

City State Zip Code  
Flushing NY 11358

FEC ID number of contributing federal political committee. **C**

Name of Employer St. John's University Occupation 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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 2301055

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith S King

Mailing Address 18 Maple Ave.

City State Zip Code  
Cambridge MA 02139

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300542

Amount of Each Receipt this Period  
35.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1989 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 R Bell

Mailing Address 178 Higdon Avenue # 2

City State Zip Code  
Mountain View CA 94041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Synergy Systems Computer 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298851

Amount of Each Receipt this Period  
35.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Fredrica A Klemm

Mailing Address 36 Sterling Lane

City State Zip Code  
Haverhill MA 01835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Swix Sport USA Inc Controller

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298839

Amount of Each Receipt this Period  
1000.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. James S Cyr

Mailing Address 36 Lawrence St.

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KlingStubbins Cambridge Architect

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301677

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1990 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 A Underwood

Mailing Address 1776 Marlbrook Dr NE

City Atlanta State GA Zip Code 30307

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301676

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary A. Thomas

Mailing Address 17722 Blue Star Hwy  
PO Box 598

City Quincy State FL Zip Code 32353

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301693

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cary Lowe

Mailing Address 3517 Garrison Street

City San Diego State CA Zip Code 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2299103

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1991 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Nancy G Wilds		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 35 Bangs Shore Rd.		<b>Transaction ID:</b> 2299110	
City State Zip Code Orr's Island ME 04066	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Thompson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 3427 Black Willow Trail		<b>Transaction ID:</b> 2300583	
City State Zip Code DeLand FL 32724	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation none Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Joyce Bender		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3416 N Manassas Ct.		<b>Transaction ID:</b> 2298877	
City State Zip Code Florence AZ 85232	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired psychologist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 1992 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Richard S Tron

Mailing Address 3415 SE Steele St.

City State Zip Code  
Portland OR 97202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reed College Professor (ret.)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298849

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Albert Zucker

Mailing Address 3368 21st Street, # 12A

City State Zip Code  
Long Island City NY 11106

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298843

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan D Dunn

Mailing Address 10332 Parkman Rd.  
Suite 211

City State Zip Code  
Silver Spring MD 20903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed writer/p.r. 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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301126

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 1993 / 2072
	<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. Lois E. Burrill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address PO Box 83		Transaction ID: 2299101	
City Callicoon Central	State NY	Zip Code 12724	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Niki Tsongas 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. James P Lyons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address PO Box 713		Transaction ID: 2299521	
City Sunapee	State NH	Zip Code 03782	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Niki Tsongas 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. Mary Ann B Fahl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 3321 Quincy Avenue		Transaction ID: 2299842	
City Madison	State WI	Zip Code 53704	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Niki Tsongas 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1994 / 2072
	<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 C. Robertson

Mailing Address PO Box 57

City State Zip Code  
Hampton CT 06247

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301690

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Verna Labrador

Mailing Address PO Box 438

City State Zip Code  
Reamstown PA 17567

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2299102

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. WKirk Avery

Mailing Address PO Box 411 (Mail)

City State Zip Code  
Bridgewater MA 02324

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Coll Tchr Occupation  
Current (SAG) Performer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 2300150

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1995 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steve Hegeman Mailing Address PO Box 367 City State Zip Code Bonita Springs FL 34133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 2301910 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Ira Tobert Mailing Address 111 4th Place # 3A City State Zip Code Brooklyn NY 11231 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301633 Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation BCD Travel Travel Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Gloria R Weil Mailing Address 103 Van Etten Blvd. City State Zip Code New Rochelle NY 10804 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298850 Amount of Each Receipt this Period 25.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1996 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Susan A Fischer Mailing Address PO Box 233 City State Zip Code Lincoln City OR 97367 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301671 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Self Notary Signing Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Gaye E Smith Mailing Address 1712 Rotary Drive City State Zip Code Los Angeles CA 90026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300613 Amount of Each Receipt this Period 10.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation 20th Century Fox Television Financial Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Heather Tillman Mailing Address 1291 E. Marrowstone Rd. City State Zip Code Nordland WA 98358 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300605 Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Self Property Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1997 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Albert Zucker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 33-68 21st Street, Apt. 12A		Transaction ID: 2300618
City Long Island City	State NY	Zip Code 11106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer	Occupation retired	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan D Leifer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 33 Iroquois rd		Transaction ID: 2301665
City Pleasantville	State NY	Zip Code 10570
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer Self	Occupation math mentor	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C.</b> sidney topol		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 33 commonwealth ave 5		Transaction ID: 2301696
City boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer the Topol Group LLC	Occupation president	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1998 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Shari Loe

Mailing Address 327 Somerville Road

City Basking Ridge State NJ Zip Code 07920

FEC ID number of contributing federal political committee. **C**

Name of Employer AT&T Services, Inc. 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298811

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. O. O. Leininger

Mailing Address PO Box 12536

City Fort Huachuca State AZ Zip Code 85670

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299112

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wilton j Aebersold

Mailing Address PO Box 1244

City New Albany State IN Zip Code 47151

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation mail order

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301651

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1999 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Bruce Stephen

Mailing Address 326 Twin Lakes Drive

City State Zip Code  
Santa Rosa CA 95409

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300812

Amount of Each Receipt this Period  
35.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean K Schuyler

Mailing Address 3239 Cliff Drive

City State Zip Code  
Santa Barbara CA 93109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none civic volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298841

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. William J. Smith

Mailing Address 321 West 10th St

City State Zip Code  
Houston TX 77008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lockheed Engr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300814

Amount of Each Receipt this Period  
10.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2000 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Erin K Rowland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 127 Trowbridge Street		<b>Transaction ID:</b> 2301068
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer self Occupation self Public relations consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Verna J Montgomery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 17105 Founders Mill Drive		<b>Transaction ID:</b> 2298878
City State Zip Code Rockville MD 20855	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Watson Wyatt Worldwide Occupation Watson Wyatt Worldwide Human Resources Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marlene H Cianci		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 1704 Glenkarney Place		<b>Transaction ID:</b> 2301641
City State Zip Code Silver Spring MD 20902	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2001 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 M Hooker

Mailing Address 1025 E 1st St

City Bloomington State IN Zip Code 47401

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana University Occupation 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300602

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerome D Klein

Mailing Address 100 Forest Place Apt #C2

City Oak Park State IL Zip Code 60301

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300611

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Carole L. Milligan

Mailing Address P.O. Box 776149

City Steamboat Springs State CO Zip Code 80477

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298813

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2002 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jeanne L Hafstrom		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 1704 Foxborough Ct		<b>Transaction ID:</b> 2301616	
City State Zip Code Champaign IL 61822	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation UIUC Retired professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances H. Gonzales		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 7	
Mailing Address 17012 Treviso Way		<b>Transaction ID:</b> 2301119	
City State Zip Code Naples FL 34110	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marilyn M Heilman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 1020 Miller Ave		<b>Transaction ID:</b> 2299512	
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation MIG,INC part time emp Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 2003 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy F. Knecht		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 17 Bret Harte Terrace		<b>Transaction ID:</b> 2301059	
City State Zip Code San Francisco CA 94133	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Beverly P Smaby		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3115 N 17th St		<b>Transaction ID:</b> 2298874	
City State Zip Code Tacoma WA 98406	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Jeanne L. Ewy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 7	
Mailing Address P.O. Box 1805		<b>Transaction ID:</b> 2300180	
City State Zip Code Carmel CA 93921	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Planned Parenthood Executive	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 2004 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Ann Bobbitt Mailing Address P.O. Box 1565 City Lakeside State AZ Zip Code 85929 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2299830 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	7														
250.00																							
Name of Employer City of Tucson Arizona PD Occupation Police Detective 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Fanita English Mailing Address One, Baldwin Avenue Apt. 516 City San Mateo State CA Zip Code 94401 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301685 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	7														
50.00																							
Name of Employer Self-Employed Occupation Psychotherapist 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Billie Bobbitt Mailing Address c/o Margaret Bobbitt P.O. Box 13383 City Tuscon State AZ Zip Code 85711 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300009 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	7														
200.00																							
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2005 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Myrna R Britton

Mailing Address 311 Dickens Way

City State Zip Code  
Santa Cruz CA 95064

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300805

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Isabel Davis

Mailing Address 309 East 87th Street  
6N

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation English Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301638

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Isabel Davis

Mailing Address 309 East 87th Street  
6N

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation English Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300582

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2006 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann K. Lonstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 9861 Deerbrook Drive		<b>Transaction ID:</b> 2300620	
City State Zip Code Chanhassen MN 55317	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer self employed Occupation self employed Writer	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Clara L. Adams-Ender		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 3088 Woods Cove Lane		<b>Transaction ID:</b> 2301662	
City State Zip Code Woodbridge VA 22192	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer Self-Employed Occupation Self-Employed Management Consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jon H Edwards		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 10 Middle Street PO Box 715 PO Box 715		<b>Transaction ID:</b> 2301663	
City State Zip Code South Freeport ME 04078	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer Self Occupation Self Attorney	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2007 / 2072
	<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)  
Leah L Vosburgh

Mailing Address 9774 North Royal Street

City State Zip Code  
Alexandria VA 22314

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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301694

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Wendy Pressoir

Mailing Address 1692 Ashton Abbey Road

City State Zip Code  
Clearwater FL 33755

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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301680

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barbara H Bergmann

Mailing Address 966 SE Sunwood Court

City State Zip Code  
Bend OR 97702

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298821

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2008 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Marilyn Flam

Mailing Address 9480 S.W. 91 St.

City State Zip Code  
Miami FL 33176

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300801

Amount of Each Receipt this Period  
10.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen I Peterson

Mailing Address 9429 37th Ave SW

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing federal political committee. **C**

Name of Employer Dynacare/LabCorp Occupation Medical Lab technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300567

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara M Walls

Mailing Address 16836 N. 111th Ave

City State Zip Code  
Sun City AZ 85351

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301644

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2009 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Dianne L Chambless		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 929 Clinton St. 4F		<b>Transaction ID:</b> 2301635
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer University of Pennsylvania	Occupation Professor	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kate C. Nichols		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7
Mailing Address 1682 Oceanview Drive		<b>Transaction ID:</b> 2301057
City Tierra Verde	State FL	Zip Code 33715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Rummel Group, Inc.	Occupation Developer	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John K Inman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 9200 Wadsworth Dr.		<b>Transaction ID:</b> 2301657
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation Retired	Niki Tsongas Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 2010 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Y. Goldberg

Mailing Address 1241 Gulf of Mexico Drive  
#407

City State Zip Code  
Longboat Key FL 34228

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298822

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. John K Inman

Mailing Address 9200 Wadsworth Dr.

City State Zip Code  
Bethesda MD 20817

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300586

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol L. Bouville

Mailing Address 16401 Henry Drive

City State Zip Code  
Gaithersburg MD 20877

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
visual artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 2299511

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2011 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. W WESLEY Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 3046 Holei Street		<b>Transaction ID:</b> 2301609	
City State Zip Code Honolulu HI 96815		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation University of Hawaii Professor		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. W WESLEY Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 3046 Holei Street		<b>Transaction ID:</b> 2300529	
City State Zip Code Honolulu HI 96815		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation University of Hawaii Professor		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Rozann B Kraus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 91 Chilton St		<b>Transaction ID:</b> 2301656	
City State Zip Code Cambridge MA 02138		Amount of Each Receipt this Period 36.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation The Dance Complex dance activist		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2012 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Rous</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 304 W. 121st St. #8		<b>Transaction ID: 2300809</b>	
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer self Occupation cantor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Roberta Geier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 9012 Saffron Ln		<b>Transaction ID: 2298862</b>	
City State Zip Code Silver Spring MD 20901	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Sally J Dudley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 901 Elsinore Dr.		<b>Transaction ID: 2300548</b>	
City State Zip Code Palo Alto CA 94303	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2013 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jim Haber Mailing Address 9 Sylvan Way City <u>Wayland</u> State <u>MA</u> Zip Code <u>01778</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer <u>Brandeis University</u> Occupation <u>professor</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <u>0.00</u>		Date of Receipt <u>10 / 09 / 2007</u> <b>Transaction ID:</b> 2300562 Amount of Each Receipt this Period <u>50.00</u> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
--	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Marjorie R Larson Mailing Address 12310 30th Ave N City <u>Plymouth</u> State <u>MN</u> Zip Code <u>55441</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer <u>None</u> Occupation <u>Retired</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <u>0.00</u>		Date of Receipt <u>10 / 13 / 2007</u> <b>Transaction ID:</b> 2301643 Amount of Each Receipt this Period <u>30.00</u> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
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<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David L Bayliss Mailing Address 8723 Camden St City <u>Alexandria</u> State <u>VA</u> Zip Code <u>22308</u> FEC ID number of contributing federal political committee. <u>C</u> Name of Employer <u></u> Occupation <u>Retired</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <u>0.00</u>		Date of Receipt <u>10 / 09 / 2007</u> <b>Transaction ID:</b> 2300617 Amount of Each Receipt this Period <u>30.00</u> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<u>0.00</u>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2014 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lynn M Chalupsky		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 3009 Puente Street		<b>Transaction ID:</b> 2298856	
City Fullerton	State CA	Zip Code 92835	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jeanne M. Huber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 8629 Llynx Road		<b>Transaction ID:</b> 2300818	
City San Diego	State CA	Zip Code 92126	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer kaiser Permanente	Occupation social worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jeanne M. Huber		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7	
Mailing Address 8629 Llynx Road		<b>Transaction ID:</b> 2299524	
City San Diego	State CA	Zip Code 92126	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer kaiser Permanente	Occupation social worker	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2015 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Marjorie R Larson

Mailing Address 12310 30th Ave N

City Plymouth State MN Zip Code 55441

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299071

Amount of Each Receipt this Period  
 30.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara Latz

Mailing Address 860 Via de la Paz, Suite F6

City Pacific Palisades State CA Zip Code 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298810

Amount of Each Receipt this Period  
 100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Philippa Strum

Mailing Address 3001 Veazey Terrace NW  
1630

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Woodrow Wilson International Center for Studies Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298855

Amount of Each Receipt this Period  
 100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2016 / 2072
	<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 Landon

Mailing Address 8440 SE 47th Place

City State Zip Code  
Mercer Island WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300550

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Johnson

Mailing Address 8301 Woodborough Way

City State Zip Code  
Fair Oaks CA 95628

FEC ID number of contributing federal political committee. **C**

Name of Employer Catholic Healthcare West Occupation Chaplain

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301615

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara C Rayson

Mailing Address 8218 MAIDENCANE PL

City State Zip Code  
Port St. Lucie FL 34952

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299056

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2017 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Ct.

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300560

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carolann S Najarian

Mailing Address 11 Laurel Drive

City State Zip Code  
Lincoln MA 01773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301669

Amount of Each Receipt this Period  
250.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Antoinette F Seymour

Mailing Address 805 Wolcott Drive

City State Zip Code  
Philadelphia PA 19118

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301652

Amount of Each Receipt this Period  
250.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2018 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Laura D Ford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 295 Red Tail Trail		<b>Transaction ID:</b> 2301686
City State Zip Code Evergreen CO 80439	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Elizabeth F Shipley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 805 Hagy Ford Road		<b>Transaction ID:</b> 2298815
City State Zip Code Narberth PA 19072	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Muriel D Christen-Jones		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 802 W High Point DR		<b>Transaction ID:</b> 2300575
City State Zip Code Claremont CA 91711	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired Teacher	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2019 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Joan I. Bolker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 10 Chester St.		<b>Transaction ID:</b> 2301861	
City State Zip Code Newton MA 02461		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Self Occupation psychologist/writer		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn W Salmon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 290 Colman Dr		<b>Transaction ID:</b> 2301628	
City State Zip Code Port Townsend WA 98368		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jesse W. Kehres		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 8 Classic Circle		<b>Transaction ID:</b> 2301624	
City State Zip Code Madison WI 53719		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer NONE Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2020 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Patricia A Gruner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address 1610 West Kalamazoo		<b>Transaction ID:</b> 2301171
City State Zip Code Lansing MI 48915	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> 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>B.</b> Ms. Frances A Sheppard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 28925 Oakpath Dr		<b>Transaction ID:</b> 2301647
City State Zip Code Agoura Hills CA 91301	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marleigh Fletcher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 785 E. Courtney Lane		<b>Transaction ID:</b> 2298823
City State Zip Code Tempe AZ 85284	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Intel Corporation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Engineer Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2021 / 2072
	<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 H Crowell

Mailing Address 2822 Broadway

City State Zip Code  
Kalamazoo MI 49008

FEC ID number of contributing federal political committee. **C**

Name of Employer W.M.U. Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 10 / 2007

**Transaction ID:** 2300810

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy H Crowell

Mailing Address 2822 Broadway

City State Zip Code  
Kalamazoo MI 49008

FEC ID number of contributing federal political committee. **C**

Name of Employer W.M.U. Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2007

**Transaction ID:** 2299055

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia J Siano

Mailing Address 122 W Satsuma Av

City State Zip Code  
Foley AL 36535

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2007

**Transaction ID:** 2301653

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2022 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Howard W. Woo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 7748 hosford ave		Transaction ID: 2298852	
City State Zip Code Los Angeles CA 90045	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

B. Full Name (Last, First, Middle Initial) Ms. Mary F Kanz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 7718 Beaudelaire		Transaction ID: 2301639	
City State Zip Code Galveston TX 77551	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation University of Texas Medical Branch Associate Professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Dr. James S Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 763 Esplanada Way		Transaction ID: 2301854	
City State Zip Code Stanford CA 94305	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Occupation Stanford University Professor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	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 2023 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 M Simons

Mailing Address 7602 16th Avenue

City State Zip Code  
Takoma Park MD 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Defense Fund  
Occupation demographer/advocate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300608

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. jan R. Green

Mailing Address 122 Venado Corte

City State Zip Code  
Walnut Creek CA 94598

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed  
Occupation medical 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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301654

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith G Nelson

Mailing Address 1603 Mill Creek Rd

City State Zip Code  
Manahawkin NJ 08050

FEC ID number of contributing federal political committee. **C**

Name of Employer none  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301645

Amount of Each Receipt this Period  
10.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2024 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Terry A Bowen

Mailing Address 2766 E. Peakview Circle

City State Zip Code  
Centennial CO 80121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oracle Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID: 2298872**

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jonita Burns

Mailing Address 7532 Hickory Ave.

City State Zip Code  
Orangevale CA 95662

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  
1 0 / 1 5 / 2 0 0 7

**Transaction ID: 2301844**

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lois Malawsky

Mailing Address 7409 N. Crossway Road

City State Zip Code  
Milwaukee WI 53217

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID: 2301640**

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2025 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 E Fonfa

Mailing Address 7319 Serrano Terrace

City State Zip Code  
Delray Beach FL 33446

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NONE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300588

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lousie G. Moody

Mailing Address 7210 Exfair Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Secure Medical Care 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 Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301602

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Miranda C Marvin

Mailing Address 72 Dover Rd

City State Zip Code  
Wellesley MA 02482

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellesley College Occupation 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298820

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2026 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Bridget Allan Ales Mailing Address 715 Linwood Ave City State Zip Code Saint Paul MN 55105 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301683 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	7														
100.00																							
Name of Employer: Cordis, Johnson and Johnson Occupation: Medical Device Sales 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Alice M Hutter Mailing Address 16 Merrill Road City State Zip Code Marblehead MA 01945 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301911 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	5		2	0	0	7														
50.00																							
Name of Employer: Church of St. Andrew Occupation: Children's Ministries 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>C.</b> Full Name (Last, First, Middle Initial) Mr. David A McGlocklin Mailing Address 2702 Cadiz St. City State Zip Code Davis CA 95616 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2300576 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	9		2	0	0	7														
50.00																							
Name of Employer: 2702 Cadiz St. Occupation: self employed 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2027 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Heidi Blumenthal

Mailing Address 705 Chiquita Road

City Healdsburg State CA Zip Code 95448

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300803

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Vivian K Gluss

Mailing Address 95 Breezy Hill Road

City Stamford State CT Zip Code 06903

FEC ID number of contributing federal political committee. **C**

Name of Employer retired librarian Occupation retired librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301629

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jim Andrews

Mailing Address 159 Temelec Circle

City Sonoma State CA Zip Code 95476

FEC ID number of contributing federal political committee. **C**

Name of Employer Yellowbook USA Occupation Sales Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301681

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2028 / 2072														
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Mary Beth B Norton Mailing Address 159 Remington Rd City Ithaca State NY Zip Code 14850 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301603 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Cornell University Occupation Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Joy F Sabl Mailing Address 7008 Willard St City Pittsburgh State PA Zip Code 15208 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298845 Amount of Each Receipt this Period 49.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer volunteer at Duquesne University Occupation reasearch / teaching (unpaid) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Lonoff Mailing Address 7000 Polins Court City Alexandria State VA Zip Code 22306 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300564 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer US gov't. Occupation Program Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2029 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Indermill

Mailing Address 26340 Ivrea Pl

City State Zip Code  
Valencia CA 91355

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299062

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Caroline N. V. Adams

Mailing Address 1566 Lisa Lane

City State Zip Code  
Redlands CA 92373

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  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2299100

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sally Hackell

Mailing Address 26 West Broadway #601

City State Zip Code  
Long Beach NY 11561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** 2301625

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2030 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Michelle S. Sternfeld		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 26 Larkspur Lane		<b>Transaction ID:</b> 2301695
City State Zip Code Lawrenceville NJ 08648	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Self Occupation Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Bonnie V May		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 6800 Melody Lane		<b>Transaction ID:</b> 2300868
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer none Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John E Olson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 6800 Huntingridge Rd		<b>Transaction ID:</b> 2301667
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer retired Occupation reitred	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2031 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Horace Heitman

Mailing Address 1087 Forest RD

City State Zip Code  
Hazleton PA 18202

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301679

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gwen S. Melby

Mailing Address 6585 Lorena

City State Zip Code  
Mira Loma CA 91752

FEC ID number of contributing federal political committee. **C**

Name of Employer Alvord Unified School District Occupation 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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301626

Amount of Each Receipt this Period  
30.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Darla F Wilson

Mailing Address 2534 Berwyn Road

City State Zip Code  
Wilmington DE 19810

FEC ID number of contributing federal political committee. **C**

Name of Employer AstraZeneca Occupation Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 2299838

Amount of Each Receipt this Period  
75.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2032 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Masao Yafuso		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 25312 cneyenne way		<b>Transaction ID:</b> 2301670	
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer retired Occupation consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen J Bopp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2301064	
City State Zip Code Falls Church VA 22044	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer self-employed Occupation Attorney	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Quarrier B. Cook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 1085 Camino Manana		<b>Transaction ID:</b> 2300570	
City State Zip Code Santa Fe NM 87501	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Niki Tsongas Contributions		
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2033 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ruth A Hendrickson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 253 Concord Road		<b>Transaction ID:</b> 2298861
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Brooks Automation Marketing Consultant	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Frederick A Ficken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 25 Old Tilton Rd		<b>Transaction ID:</b> 2301661
City State Zip Code Canterbury NH 03224	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Self Property Mgr.	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Frederick A Ficken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 25 Old Tilton Rd		<b>Transaction ID:</b> 2300596
City State Zip Code Canterbury NH 03224	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Self Property Mgr.	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2034 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Philip M Campbell

Mailing Address 1512 Chateaufort Place

City State Zip Code  
Detroit MI 48207

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300530

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip M Campbell

Mailing Address 1512 Chateaufort Place

City State Zip Code  
Detroit MI 48207

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  
1 0 / 0 2 / 2 0 0 7

**Transaction ID:** 2299032

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Phyllis Kiehl

Mailing Address 6301 Trappers Trail

City State Zip Code  
Anchorage AK 99516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LaTouche Pédiatrics, LLC physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

**Transaction ID:** 2301642

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2035 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300585

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan Katz

Mailing Address 6230 Wilshire Blvd. #2080

City State Zip Code  
Los Angeles CA 90048

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 2300165

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie VanDusen

Mailing Address 24730 Cabrillo

City State Zip Code  
Carmel CA 93923

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  
1 0 / 1 2 / 2 0 0 7

Transaction ID: 2301104

Amount of Each Receipt this Period  
2000.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2036 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Alorie B. Parkhill Mailing Address 62 Maynard Road City <u>Sudbury</u> State <u>MA</u> Zip Code <u>01776</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>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2298848 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">50.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0	7	50.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0	/	0	1	/	2	0	0	7																					
50.00																														
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 ▼ <table border="1"> <tr> <td colspan="8">0.00</td> </tr> </table>	0.00																											
0.00																														

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Mary K Ostrander Mailing Address 61725 Ward Rd City <u>Bend</u> State <u>OR</u> Zip Code <u>97702</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>1</td><td>0</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301611 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">25.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	3	/	2	0	0	7	25.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0	/	1	3	/	2	0	0	7																					
25.00																														
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																														

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dayl A Cohen Mailing Address 241 Upland Rd City <u>Cambridge</u> State <u>MA</u> Zip Code <u>02140</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>1</td><td>0</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2301631 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">100.00</td> </tr> </table> Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	3	/	2	0	0	7	100.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
1	0	/	1	3	/	2	0	0	7																					
100.00																														
Name of Employer none Occupation student 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																														

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2037 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Arlen E Viste

Mailing Address 1500 W 30th St

City State Zip Code  
Sioux Falls SD 57105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Augustana College (SD) Prof Emeritus, Chem

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300601

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter F Siemsen

Mailing Address 611 Lamont Dr.

City State Zip Code  
Lincoln NE 68528

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298864

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Veronica A. McClaskey

Mailing Address 14905 SE Rivershore Drive

City State Zip Code  
Vancouver WA 98683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
mom

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298871

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2038 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Hort		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 601 Laurel Avenue, Apt. 504		<b>Transaction ID:</b> 2301852	
City State Zip Code San Mateo CA 94401		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard N Leonard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7	
Mailing Address 12 Fernwood Avenue		<b>Transaction ID:</b> 2301688	
City State Zip Code Roseland NJ 07068		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation self-employed Sales		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Harold C Hendriksen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 6006 Greystone Dr.		<b>Transaction ID:</b> 2300577	
City State Zip Code Weddington NC 28104		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation n/a Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2039 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Judith Ratzan Mailing Address 60 Edgewater Drive #9F City State Zip Code Coral Gables FL 33133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> 2300867 Amount of Each Receipt this Period 250.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation University of Miami Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Steglich Mailing Address 6 w 77th st City State Zip Code ny NY 10024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301648 Amount of Each Receipt this Period 30.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation none homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Terry G Twitchell Mailing Address 234 West Canton Street City State Zip Code Boston MA 02116 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298863 Amount of Each Receipt this Period 25.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Self Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2040 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Steglich Mailing Address 6 w 77th st City ny State NY Zip Code 10024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 2299855 Amount of Each Receipt this Period 20.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer none Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jene m Witte Mailing Address 6 rue marseille City Newport Beach State CA Zip Code 92660 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 2301610 Amount of Each Receipt this Period 10.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Lynn Lewis Owen Mailing Address 6 Ivy Lane Strog's Neck City Setauket State NY Zip Code 11733 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301634 Amount of Each Receipt this Period 25.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2041 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Judy A Greene

Mailing Address 1195 Sterling Ave.

City State Zip Code  
Berkeley CA 94708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298840

Amount of Each Receipt this Period  
50.00

Niki Tsongas 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 Turning Points Therapy Occupation Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 2300146

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anna Currin

Mailing Address 58 Pinecrest Village

City State Zip Code  
Hopkinton MA 01748

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Accounting Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300817

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2042 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lynn Voss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7
Mailing Address 10615 W Dumbarton Cr D		<b>Transaction ID:</b> 2301650
City Littleton State CO Zip Code 80127	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Great West Life	Occupation supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Patricia Kenschaft		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 56 Gordonhurst Avenue		<b>Transaction ID:</b> 2300899
City Upper Montclair State NJ Zip Code 07043	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Montclair State University	Occupation College Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Hill Blackett, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address 117 Requa Road		<b>Transaction ID:</b> 2300546
City Piedmont State CA Zip Code 94611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Friedman Dumas & Springwater LLP	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2043 / 2072
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Amy Pearl Mailing Address 555 S. El Monte Avenue City State Zip Code Los Altos CA 94022 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300549 Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation None Unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Arlene H Hardy Mailing Address 2314 N Lakewood Ave City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> 2299057 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation None Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Larry j taylor jr., Jr. Mailing Address 553 nellie john dr. City State Zip Code Clyde NC 28721 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 7 <b>Transaction ID:</b> 2300168 Amount of Each Receipt this Period 10.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation None Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2044 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Evelyn B Haynes

Mailing Address 2303 Owens Ave.  
Unit 101

City State Zip Code  
Fort Collins CO 80528

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 2301877

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. A Wrye

Mailing Address 1439 Sutherland St.

City State Zip Code  
Los Angeles CA 90026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Western Justice Center Fo-undation educator/consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300813

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jean E Colton

Mailing Address 5457 N. Via Frassino

City State Zip Code  
Tucson AZ 85750

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300816

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2045 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Aimee J. Doctoroff

Mailing Address 23 Fore Court

City Plymouth State MA Zip Code 02360

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298837

Amount of Each Receipt this Period  
 50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean E Colton

Mailing Address 5457 N. Via Frassino

City Tucson State AZ Zip Code 85750

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  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298869

Amount of Each Receipt this Period  
 25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judy F. Rosenblith

Mailing Address 54 Devolder Road

City Marstons Mills State MA Zip Code 02648

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  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2299108

Amount of Each Receipt this Period  
 30.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2046 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Irene C Cole

Mailing Address 23 Drexel Dr

City State Zip Code  
North Chelmsford MA 01863

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300808

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Glickman

Mailing Address 538 Rutland Ave

City State Zip Code  
Teaneck NJ 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation sculptor

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298842

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy B Jones

Mailing Address 536 Nash Street

City State Zip Code  
Rocky Mount NC 27804

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  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301621

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2047 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Spector

Mailing Address 2241 Marann Dr.

City Atlanta State GA Zip Code 30345

FEC ID number of contributing federal political committee. **C**

Name of Employer CreativeSolutions & Innovations  
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
1	0	/	1	3	/	2	0	0	7

**Transaction ID:** 2301606

Amount of Each Receipt this Period  

50.00
-------

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen e Moen

Mailing Address 530 W. Main Street #9

City Madison State WI Zip Code 53703

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerge Wisconsin  
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
1	0	/	0	9	/	2	0	0	7

**Transaction ID:** 2300525

Amount of Each Receipt this Period  

10.00
-------

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Beth Ogilvie

Mailing Address 2234 Kipling St

City Castro Valley State CA Zip Code 94546

FEC ID number of contributing federal political committee. **C**

Name of Employer self  
Occupation engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	7

**Transaction ID:** 2298819

Amount of Each Receipt this Period  

100.00
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Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2048 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Elaine Bloom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	
Mailing Address 5255 Collins Avenue 3J		<b>Transaction ID:</b> 2301605	
City State Zip Code Miami Beach FL 33140		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer self Occupation consultant		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sue E. Schwendiman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 2214 Salisbury Rd		<b>Transaction ID:</b> 2300609	
City State Zip Code Silver Spring MD 20910		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer US Dept of Veterans Affairs Occupation Auditor		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Deborah D Martin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 2204 Greer Rd.		<b>Transaction ID:</b> 2300612	
City State Zip Code Palo Alto CA 94303		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Niki Tsongas Contributions	
Name of Employer Occupation Retired		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	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 2049 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Scott Mauvais

Mailing Address 1157 Rainier Ave

City State Zip Code  
Pacifica CA 94044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MSFT analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301668

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Stephanie Sabar

Mailing Address 10593 Wilkins Ave.

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired 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  
1 0 / 1 3 / 2 0 0 7

**Transaction ID:** 2301608

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elga R Wasserman

Mailing Address 1010 Waltham Street

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

**Transaction ID:** 2299823

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2050 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Rebecca S Red

Mailing Address 5215 McCormick Mtn. Drive

City Austin State TX Zip Code 78734

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2300802

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert J Myers

Mailing Address 5210 N. Eisenhower

City Roswell State NM Zip Code 88201

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301623

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Stich

Mailing Address 521 20th st

City Santa Monica State CA Zip Code 90402

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301613

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2051 / 2072
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. M. Joanne Schwebach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 520 Ellsworth Street		<b>Transaction ID:</b> 2301658
City State Zip Code Altamonte Springs FL 32701	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Florida Department of Transportation Occupation Attorney	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Chris and Anne Hohenemser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7
Mailing Address 2178 Washington St.		<b>Transaction ID:</b> 2301682
City State Zip Code Eugene OR 97405	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Donna Taube		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 52 Lane Park		<b>Transaction ID:</b> 2301887
City State Zip Code Brighton MA 02135	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2052 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 A Narbutovskih

Mailing Address 14288 Woodland Drive

City State Zip Code  
Guerneville CA 95446

FEC ID number of contributing federal political committee. **C**

Name of Employer L-3 Sonoma EO Occupation 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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298854

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas L Brauch

Mailing Address 512 East Broadway Apt #2

City State Zip Code  
Mt. Pleasant MI 48858

FEC ID number of contributing federal political committee. **C**

Name of Employer central Michigan University Occupation college teacher

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300619

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill R Clark

Mailing Address 2156 PHEASANT RUN DR

City State Zip Code  
Maryland Heights MO 63043

FEC ID number of contributing federal political committee. **C**

Name of Employer Boeing Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301674

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2053 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bill R Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 2156 PHEASANT RUN DR		<b>Transaction ID:</b> 2298870
City State Zip Code Maryland Heights MO 63043	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Boeing Engineer	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert L Booth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 10 Stonecliff Lane		<b>Transaction ID:</b> 2300798
City State Zip Code Norwich CT 06360	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Retired Physics Teacher	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Audrey Korth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address 2151 Holland Way		<b>Transaction ID:</b> 2299052
City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions	
Name of Employer Occupation Control Instrument Bookkeeper	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2054 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Maryanne J Joyce

Mailing Address 142 Nyac Avenue

City State Zip Code  
Pelham NY 10803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Isny atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300584

Amount of Each Receipt this Period  
250.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr George Cunningham

Mailing Address 50 paulding st

City State Zip Code  
San Francisco CA 94112

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  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301632

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr George Cunningham

Mailing Address 50 paulding st

City State Zip Code  
San Francisco CA 94112

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  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 2299065

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2055 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 F Warren

Mailing Address 215 S. Prospect Street

City State Zip Code  
Wheaton IL 60187

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298847

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rosemary T Schmidt

Mailing Address 214 Loma Ave.

City State Zip Code  
Long Beach CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300543

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara H Partee

Mailing Address 50 Hobart Ln

City State Zip Code  
Amherst MA 01002

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301604

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2056 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard A Gorr Mailing Address 50 Glenbrook Road #15E City State Zip Code Stamford CT 06902 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 2301069 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> 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>B.</b> Full Name (Last, First, Middle Initial) Mrs. Amy M Schwartz Mailing Address 5 Mirrielees Circle City State Zip Code Great Neck NY 11021 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300551 Amount of Each Receipt this Period 25.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation retired social worker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Karen O Hofmeister Mailing Address 2121 Kirby Drive # 97 City State Zip Code Houston TX 77019 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298875 Amount of Each Receipt this Period 500.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2057 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Susan B Richardson

Mailing Address 211 West Elm Street

City State Zip Code  
Granville OH 43023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300544

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss. Elizabeth P Culp

Mailing Address 10536 Lipan St

City State Zip Code  
Northglenn CO 80234

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  
1 0 / 0 9 / 2 0 0 7

**Transaction ID:** 2300569

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Becky Kepraios

Mailing Address 2106 N. Seminary Ave.  
#4

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

**Transaction ID:** 2298876

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2058 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Cheryl K. Ritenbaugh

Mailing Address 4840 N. Valley View Rd

City State Zip Code  
Tucson AZ 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Arizona Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2007

Transaction ID: 2301627

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andy Behrman

Mailing Address 21031 Ventura Blvd.

City State Zip Code  
Woodland Hills CA 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self employed writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2007

Transaction ID: 2300621

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pat O Lowenstein

Mailing Address 2100 Salzedo Street  
303

City State Zip Code  
Coral Gables FL 33134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Professional Management Resources Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2007

Transaction ID: 2300561

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2059 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jeanne L Ewy Mailing Address PO Box 1805 City State Zip Code Carmel CA 93921 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 2300587 Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Planned parenthood mar Mo-nte Health Care executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Mary Beth Cahill Mailing Address 4800 Dexter St. NW City State Zip Code Washington DC 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> 2299252 Amount of Each Receipt this Period 1000.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation EMILY's List Executive Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Janice E Rodgers Mailing Address 2100 N. Lincoln Park West Apt. 12CN City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 2301617 Amount of Each Receipt this Period 200.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Quarles & Brady LLP Attorney Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2060 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Darren L. Dye

Mailing Address 1404 n. broadway  
c

City Indianapolis State IN Zip Code 46202

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Indiana Occupation policy 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  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301684

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ingrid C Chafee

Mailing Address 476 Princeton Way, NE

City Atlanta State GA Zip Code 30307

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired 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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301678

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nelson L. Haggerson, Jr.

Mailing Address PO Box 24177

City Tempe State AZ Zip Code 85285

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301687

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2061 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Catherine B Cretu Mailing Address 11489 Chews Branch Rd. City Owings State MD Zip Code 20736 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID: 2298816</b> Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Anaconda Press, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth D Scarborough Mailing Address 209 Good Hill Road City Weston State CT Zip Code 06883 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID: 2301618</b> Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Societe Generale Occupation Banking Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Irma Zahid Mailing Address 11480 Burbank Blvd. City North Hollywood State CA Zip Code 91601 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID: 2298868</b> Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self-employed Occupation attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2062 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 Gracian

Mailing Address 4609 Shoshoni Ave

City San Diego State CA Zip Code 92117

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  
10 / 09 / 2007

Transaction ID: 2300610

Amount of Each Receipt this Period  
20.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd Evans

Mailing Address 2086 East Lake Road

City Atlanta State GA Zip Code 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  
10 / 10 / 2007

Transaction ID: 2300866

Amount of Each Receipt this Period  
500.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ramachandran Nageswaran

Mailing Address 459 E. Park Oak Pl.  
#C3

City Salt Lake City State UT Zip Code 84107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SMAHT Ceramics, Inc. Engineering Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
10 / 14 / 2007

Transaction ID: 2301675

Amount of Each Receipt this Period  
18.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2063 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 M Cyrul

Mailing Address 4550 Connecticut Ave, NW  
802

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Senate Agriculture Committee Majority Communications Direct

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301649

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linnea J Wickstrom

Mailing Address 450 Monroe Drive

City State Zip Code  
Palo Alto CA 94306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none technical writer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301612

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sona Aronian

Mailing Address 14 Helme Road

City State Zip Code  
Kingston RI 02881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of rhode Island Professor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301630

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2064 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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. Mary V Barmettler

Mailing Address 1388 Cordelia Ave.

City San Jose State CA Zip Code 95129

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300606

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy J Martin-Perdue

Mailing Address 1385 Twymans Mill Rd.

City Madison State VA Zip Code 22727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired Scholar-in-Residence, UVA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 7

Transaction ID: 2301660

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann K Hardman

Mailing Address 114 Brown Avenue # A

City Louisville State KY Zip Code 40207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300607

Amount of Each Receipt this Period  
30.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2065 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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. Florence E. Marion

Mailing Address 10450 Lottsford Road, # 141

City Mitchellville State MD Zip Code 20721

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301689

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lee Strauss

Mailing Address 200A Bellman Avenue

City Warwick State RI Zip Code 02889

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  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301692

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Sokolsky

Mailing Address 2003 N. Ocean Boulevard # 1103

City Boca Raton State FL Zip Code 33431

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  
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2308656

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2066 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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 E Steen

Mailing Address 432 Ashington Drive

City State Zip Code  
Mountain Home AR 72653

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  
1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298834

Amount of Each Receipt this Period  
15.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerhard VanBiema

Mailing Address 4304 Kendal Way

City State Zip Code  
Sleepy Hollow NY 10591

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 2301802

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn L Haack

Mailing Address 4301 N Prospect Ave

City State Zip Code  
Shorewood WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BonTon Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 7

Transaction ID: 2301620

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2067 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 L Haack

Mailing Address 4301 N Prospect Ave

City Shorewood State WI Zip Code 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer BonTon Occupation 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  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: 2298836

Amount of Each Receipt this Period  
 100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia M Wang

Mailing Address 4289 Perna La

City Iron Station State NC Zip Code 28080

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation former elementary school libra

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300547

Amount of Each Receipt this Period  
 50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Beverley Patrick

Mailing Address 426 Hubbell Ave

City Syracuse State NY Zip Code 13207

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  
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 2300531

Amount of Each Receipt this Period  
 50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This 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 2068 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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 Eschenbach

Mailing Address 20 Oakhill Drive

City State Zip Code  
Woodside CA 94062

FEC ID number of contributing federal political committee. **C**

Name of Employer Trimble Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

Transaction ID: 2298844

Amount of Each Receipt this Period  
50.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nelson J Brown

Mailing Address 1365 Ford Rd

City State Zip Code  
Nashville NC 27856

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation Engineering

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2007

Transaction ID: 2301646

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marjorie A Atkinson

Mailing Address 1045 Key Route Blvd.

City State Zip Code  
Albany CA 94706

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany USD Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2007

Transaction ID: 2301655

Amount of Each Receipt this Period  
25.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2069 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary J Dougherty		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	
Mailing Address 4221 N. Kenmore		<b>Transaction ID:</b> 2300545	
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer Self Occupation Therapist	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth K McGillicuddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 422 Westover Parkway		<b>Transaction ID:</b> 2299047	
City State Zip Code Locust Grove VA 22508	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer American Society for Microbiology Occupation Editor	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sue b Feamster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	
Mailing Address 1043 arden drive		<b>Transaction ID:</b> 2301886	
City State Zip Code Villa Hills KY 41017	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Niki Tsongas Contributions		
Name of Employer self Occupation consultant	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2070 / 2072
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sheilah J Glover Mailing Address 415 Wellesley Ave. City Mill Valley State CA Zip Code 94941 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7 <b>Transaction ID:</b> 2301607 Amount of Each Receipt this Period 100.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self Occupation music teacher/performer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Florence M Norton Mailing Address 4138 N. Pennsylvania St. City Indianapolis State IN Zip Code 46205 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 2298867 Amount of Each Receipt this Period 150.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Rachel S Goldstein Mailing Address 1334 S. Indiana Pkwy City Chicago State IL Zip Code 60605 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 2300599 Amount of Each Receipt this Period 50.00 Niki Tsongas Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Chicago Symphony Orchestra Occupation Musician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 2071 / 2072	
	(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"/> 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. Jean M Churchill Phd, Ph.D.

Mailing Address 1 Crosmour Rd

City Rhinebeck State NY Zip Code 12572

FEC ID number of contributing federal political committee. **C**

Name of Employer Bard College Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	7

Transaction ID: 2301672

Amount of Each Receipt this Period  
100.00

Niki Tsongas Contributions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	474041.50

Image# 27991026748

Form/Schedule: **H4& 21B** No expenditures reported on Lines 21a or 21b were made on behalf of federal candidates.

Transaction ID:

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