

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 526
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Ellen Johnson</b>		Date of Receipt
Mailing Address 1040 5th Ave		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City State Zip Code New York NY 10028		<b>Transaction ID : 4254692</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="3000.00"/>
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lynne B. Johnson</b>		Date of Receipt
Mailing Address 5517 Cedar Creek Dr		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City State Zip Code Houston TX 77056		<b>Transaction ID : 4251206</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Not Employed	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Simone P. Joyaux</b>		Date of Receipt
Mailing Address 10 Johnson Road		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City State Zip Code Foster RI 02825		<b>Transaction ID : 4254688</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1200.00"/>
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 ▼ <input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>